



DART Travel Card Application and Agreement Form

TEXAS A&M UNIVERSITY-CORPUS CHRISTI BUSINESS TRAVEL ONLY

Student

Prospective Employee

Other: _____

Mail to: Travel Office, USC Bldg. Room 120, Unit #5733

STEP 1: CARDHOLDER SECTION

Name To Appear On Card: _____

Cardholder UIN: _____ Dept. Code: _____ Mail Stop: _____

Email: _____ Phone No.: _____

As the Cardholder, I acknowledge that I have read and understand the terms and conditions of this Agreement. I understand that Texas A&M University-Corpus Christi, hereinafter referred to as Member, is liable to Citibank & MasterCard for all Member charges. I understand that this is a declining balance card and that all expenses must be fully substantiated by receipts or other acceptable documentation. Failure to document these expenses will result in taxable income to the employee or cardholder if not documented within 30 days from the program end date or last date of travel.

I agree to use this card **only** for Member approved purchases relating to business travel, assigned study abroad program, student travel or contracted services travel and agree **not to charge any personal travel expenses**. I understand that I am responsible for repayment of any unauthorized charges and **have been educated on the proper use of the card by the department administrator assigned to the cardholder**. Texas A&M University-Corpus Christi Procurement & Disbursements will audit the use of this card and report findings to department head or department approver.

I further understand that improper use of this card may result in disciplinary action up to and including termination of employment. I agree to repay the Member any amounts owed by me even if I am no longer employed by or associated with the Member.

Applicant's (Cardholder) Name (Print/Type) Applicant's (Cardholder) Signature Date

Declining Balance Limit \$ _____ Cash advance Limit (% of Declining Balance Limit) **Only With Prior Approval for Foreign Travel only**

STEP 2: ADMINISTRATOR ASSIGNED TO CARDHOLDER IN THE CONCUR TRAVEL SYSTEM

Administrator's UIN: _____ Name of Administrator assigned to Cardholder: _____
[] []

Email: _____ Phone No.: _____

I, as department administrator assigned to cardholder, agree to **ensure** that the cardholder is: (1) educated on the proper uses of the card, (2) cardholder agrees to use it for Member approved business travel expenses only, and (3) cardholder agrees **not to charge personal travel expenses**.

Administrator's Name (Print/Type) Administrator's Signature Date

STEP 3: DEPARTMENT HEAD/SUPERVISOR APPROVAL

I hereby approve the applicant, listed above, for issuance of a Member DART Travel Card. I agree that any account/support account that will be reallocated to in the Concur Travel System will have funds sufficient to pay any and all charges made on the DART Travel Card. I will ensure that a reconciliation and approval of all expense reports will be performed. I understand that the improper use of this card may result in disciplinary action, up to and including termination of employment of the cardholder.

Department Head or Supervisor Name (Print/Type) Department Head or Supervisor Signature Date

State law requires that you be informed of the following: (1) you are entitled to be informed about the information the Member collects about you (with a few exceptions as provided by law); (2) you are entitled to receive a copy of that information; and (3) you are entitled to have the information corrected at no charge to you.

Issued to: _____ Date: _____

Dart Card Budget:

Actual meals will be paid up to the amount allowed by General Services Administration (GSA) rates found in Textravel, which **are applied under State of Texas Rules and Regulations.**

Tips are allowed on Gifts or other institutional accounts if Expenditure Guidelines were followed.

**No tips are allowed on State Accounts (accounts beginning with the number 1).
No alcohol is allowed on any Student, Staff or Faculty travel.**

This is only a budget, we will apply the amount to the Dart Card and the Cardholder will be responsible to justify that the expenditure is a business travel expense as prescribed by the purpose and benefit of the trip. All receipts will be required when using a Dart Card.

If you want the person's name on the Dart Card, we require this application be submitted to our office at least 30 days in advance of the trip.

Dart Card Expenditure Budget and Requested for the card to be loaded: \$ _____

Mileage: (must include Google Map): _____

Airfare: _____

Hotel (including taxes if not exempt in state travel): _____

Meals: (days X GSA Rate): _____

Car Rental (include fuel that might be needed to return the car): _____

Parking and/or Tolls: _____

Other allowable business expenses not listed: _____

Total: \$ _____ (Should match the amount loaded above.)

Account Number(s): _____

Account Responsible Person(s) Approval: _____

Date: _____