



DART Travel Card Application and Agreement Form

764-Texas A&M University-Texarkana

BUSINESS TRAVEL ONLY

Return form to Travel Specialist, 7101 University Ave, Texarkana, TX 75503

Name As It Appears On Card:

Card Number:

Requested Amount:

Dates of Travel:

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-Texarkana, 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 last date of travel or program end date.

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 understand that I am responsible for repayment of any unauthorized charges. Texas A&M University-Texarkana Travel Office 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 Name (Print):

Applicant Signature:

Date:

Email:

Phone Number:

Card Assigned to UIN:

Individual Name Card needs to be Assigned to:

Department:

Account Number:

Date Issued:

Date Returned:

Travel Specialist Approval:

Department Head/Supervisor Approval

I hereby approve the applicant, listed above, for issuance of a Member DART Travel Card. I agree that any accounts that are allocated in the 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/Supervisor Name (Print):

Department Head/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.