



**DEPARTMENTAL CARD APPLICATION**  
Arkansas State University

**Section A – Account Information**

Department Name on Card		Department Supervisor		Department Phone	
Custodian: Name of Primary Employee		Email Address		ASU ID#	
College or Division		Work Phone (Required)		Additional Phone (Required)	
Custodian: Name of Secondary Employee		Email Address		ASU ID#	
College or Division		Work Phone (Required)		Additional Phone (Required)	
<b>Monthly Credit Limit Requested</b> (Limit must not exceed \$5,000)		<b>Date of Birth: (Required)</b>			
\$ _____		_____			
Department Chair or Supervisor Signature		Dean Signature or Director (if applicable) Signature		Vice Chancellor or Director (if applicable) Signature	
_____		_____		_____	
Date: _____		Date: _____		Date: _____	

**Section B - Agency Accounting Information**

This section is to be completed by an authorized Travel Card Coordinator

<b>*Name of Agency:</b>  <b>Arkansas State University</b>		<b>Agency Contact:</b> Garry Patterson Phone: 870-972-2333 Email: gpatterson@astate.edu	
<b>Address:</b> Arkansas State University Procurement Services PO Box 1860 State University, AR 72467-1860		<b>Phone:</b>  870-972-2315 870-972-2333	

**Section C – Department Representative Understanding/Signature**

Employee Applicant requests that he/she be issued a U.S. Bank Visa Travel CTS Account. In consideration of this issuance and the use of the U.S. Bank Department Card, the Employee Applicant and State agree to be bound by the U.S. Bank Cardholder Agreement accompanying the account, as amended by U.S. Bank from time to time, for all charges incurred by the use of the card or the related account. Creditor is U.S. Bank National Association ND.

I, the undersigned employee, understand that this account is to be used for official state travel pursuant to State Travel Regulations found at <http://www.dfa.arkansas.gov>. As the primary custodian, I agree to make no personal charges on the account. I further understand that if I abuse this privilege, the account may be canceled by A-State or the Office of State Procurement.

\_\_\_\_\_  
(Primary Employee Signature/Date)

\_\_\_\_\_  
(Approving Department Dean or Director-Signature/Date)

**Section D – Travel Card Coordinator**

This section is to be completed by Travel Card Coordinator

Processed:	Submitted to US Bank:	Travel Card Coordinator Signature:

# Department Card New Account Agreement

Department Custodian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Department: \_\_\_\_\_ Email Address: \_\_\_\_\_

I, as an authorized and approved Department Card Custodian, fully understand and agree to the following terms and conditions regarding use and safekeeping of the Department Card entrusted to me:

*(Please initial each item below)*

- \_\_\_\_\_ 1) I will attend training for the Arkansas State University Department Card and obtain a copy of the policy and procedures. I may be required to attend retraining sessions when notified by the Travel Card Coordinator due to changes in state travel regulations.
- \_\_\_\_\_ 2) I accept full responsibility for the safekeeping of the Department Card assigned to my department. I will be making financial commitments on behalf of Arkansas State University and will always endeavor to obtain fair and reasonable prices.
- \_\_\_\_\_ 3) I agree to document all Department Card expenditures and obtain itemized receipts. These will be attached to the Expense Report in Concur and approved by my supervisor.
- \_\_\_\_\_ 4) I will not accept cash refunds or gift cards in exchange for any credits to the card. I understand that all credits must be issued directly to the card. I will report any vendors who attempt to issue cash refunds or gift cards.
- \_\_\_\_\_ 5) In the event that I cannot complete my Expense Report in a timely manner, due to emergency or illness, I will notify the Travel Card Coordinator and Travel Services.
- \_\_\_\_\_ 6) I understand that if the Department Card Expense Report is late or incorrect and I have not amended the situation in a timely manner my Department Card privileges will be suspended or terminated.
- \_\_\_\_\_ 7) **I understand it is my responsibility to be aware of my department budget when using the Department Card. Charges should post in the year travel occurred.**
- \_\_\_\_\_ 8) I understand that the Department Card is to be used for official travel of Arkansas State University. I will not use the card for any unauthorized travel, personal purchases, or food.
- \_\_\_\_\_ 9) I understand that the card issued in the department name is to be used only by myself or the other designated custodian of the department. I agree to not share the card number with anyone.
- \_\_\_\_\_ 10) I will immediately report theft or loss of the card to US Bank by phone, my backup custodian and the Travel Card Coordinator. I will submit a Lost/Stolen/Fraud Form to the Travel Card Coordinator.
- \_\_\_\_\_ 11) I will surrender my position as the Department Card Custodian upon (a) termination of employment, or (b) transfer to another department, or (c) my supervisor or the Travel Card Coordinator requests surrender.
- \_\_\_\_\_ 12) I understand that failure to follow any of the above listed terms and conditions or if found to have misused the Department Card may result in (a) revocations of the privilege to use the card, (b) disciplinary action, (c) termination of employment and/or (d) criminal charges being filed with the appropriate authorities. I hereby accept the above terms and conditions.

**Your signature below and initials by each item listed assures your understanding and acceptance prior to being issued a card.**

Custodian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Application Processed Date: \_\_\_\_\_

Sent to US Bank Date: \_\_\_\_\_