

APPENDIX N

TRAVEL CARDHOLDER AGREEMENT/APPLICATION
PURDUE UNIVERSITY TRAVEL CARD PROGRAM

Cardholder's Name _____ (Limit 23 Characters)

PUID _____ Purdue E-mail _____

Campus Address _____

Date _____ Date of Birth* _____

Campus Phone _____ Mother's Maiden Name* _____

**May be used by the bank for over-the-phone identification only.*

The Purdue University Travel Card is intended to be used for travel related business expenses only. All purchases with this card must comply with the guidelines in the Purdue University Travel Card Manual, which may be amended as necessary.

If the card is lost or stolen, the cardholder has the responsibility to notify the Bank immediately, and then their Business Office, and Purchasing Card Operations.

Failure to adhere to procedures may result in revocation of cardholder privileges.

As holder of this Travel Card, I agree to accept responsibility for the protection and proper use of this card as detailed above, and in the cardholder manual and the signed Responsibility and Financial Liability Agreement – Purdue Travel Card.

Cardholder Signature _____

Approval – Director, and/or Department Head

Spending Limit Tier ** Tier 1 ☐ Tier 2 ☐ Tier 3 ☐ Tier 4 ☐

Cardholder's Org Unit _____

Signature _____ Date _____
(Business Manager, Recommending)

Signature _____ Date _____
(Department Head or Director, Approving)

Return signed application and liability agreement via campus mail to: PCO/FREH

**Tier 1 = \$1

Tier 2 = \$5,000

Tier 3 = \$10,000

Tier 4 = >\$10,000 Based on individual travel history

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Responsibility and Financial Liability Agreement – Purdue Travel Card

You are authorized to commit funds on behalf of the University and your business unit through the use of a University Visa Travel Card issued in your name. Accordingly, you are the only person that may use your travel card. All expenses must be made by you on behalf of and for the benefit of the University department, school, office or other University entity in which you are employed. Personal purchases are not allowed with the Visa Travel Card and cardholder privileges may be revoked for such use.

Compliance with University Travel policies and procedures, including timely submission of receipts and travel expense reimbursement requests is mandatory. All receipts, statements and other documentation related to card usage are University property and the University reserves the right to audit all records related to card usage. The card must be kept secure at all times by the cardholder and if lost or stolen immediately reported to JP Morgan Chase for cancellation as outlined in the Travel Card Manual. An on-line training presentation must be reviewed before use of the card is allowed.

Overpayments, personal charges, and/or unused cash advances will be deducted from the cardholder's payroll as necessary. Fraudulent or intentional misuse of the card by the cardholder may result in revocation of the card, restitution and/or criminal charges. The University reserves the right to pursue all legal remedies available to it with respect to inappropriate card usage. The University further reserves the right to revoke cardholder privileges at any time and without notice.

I, the undersigned, as holder of this Visa Travel Card, agree to accept the responsibility for the protection and proper use of the card, as noted above. I agree to abide by these as well as all other terms and conditions contained therein.

Please initial:

☐

I agree to review and comply with the Visa Travel Card policy.

☐

I understand the items prohibited from purchase with this card and that I will be held personally responsible for unallowable purchases.

☐

As holder of this Travel Card, I agree to accept responsibility for the protection and proper use of this card as detailed above, and in the cardholder manual.

☐

I agree to allow my Business Office to facilitate obtaining the card and delivery to me; and cancellation and destruction of the card upon my termination.

☐

I authorize Purdue University to deduct overpayments, personal charges, and/or unused cash advances from my payroll when necessary, in accordance with the Travel Card Program manual.

Cardholder Name (Printed) _____

Signature of Cardholder

Date

Please return signed liability agreement and application to PCO/FREH. Thank you.