



# CENTRAL TRAVEL SERVICE (CTS) CARD EMPLOYEE

Travel Card Coordinator: \_\_\_\_\_ ID#: \_\_\_\_\_  
First M.I. Last

Department: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

I, as the authorized and approved CTS Travel Card Coordinator, fully understand and agree to the following terms and conditions regarding the use and safekeeping of the travel card entrusted to me:

1. I accept full personal responsibility for the safekeeping of all CTS Cards assigned to me as coordinator and I understand that absolutely no one, other than myself, is permitted to use the assigned card.
2. I will be making financial commitments on behalf of the University of Arkansas at Little Rock and will always endeavor to obtain fair and reasonable prices.
3. I have received training associated with the use of the CTS Card and agree to follow all procedures established for the use of such.
4. I will not use the CTS Card for non-UA Little Rock official business and unauthorized or personal travel expenses.
5. I will not use the CTS Card for personal food purchases without prior approval from Procurement Services.
6. I will immediately report the theft or loss of the CTS Card to Visa by phone at 1-800-344-5696, my Departmental Coordinator, and the UA Little Rock Travel Administrator, 501-916-5726.
7. I will surrender the CTS Card upon: (a) my termination of employment with UA Little Rock; (b) transfer to another department within UA Little Rock; or if (c) my supervisor or the UA Little Rock Travel Administrator requests surrender of my card(s). Further, I understand that my last paycheck will be withheld until the CTS Card is properly surrendered, as required.
8. I understand that any purchases made by me with the CTS Card will be recorded and reviewed by management for payments, possible discrepancies, and appropriateness of purchase.
9. I understand that I am personally responsible for obtaining all detailed receipts and submitting them in accordance with the UA Little Rock CTS/Travel Card procedures.
10. I understand that failure to follow any of the above-listed terms and conditions or if found to have misused the CTS Card in any manner may result in: (a) revocation of the privilege to use the CTS Card; (b) disciplinary action; or (c) termination of employment and/or criminal charges being filed with the appropriate authority. I hereby accept the above terms and conditions.

\_\_\_\_\_  
Employee/Travel Card Coordinator (printed) Employee (signature) Date

I, as Department Chair/Head, assign FOAPAL \_\_\_\_\_ with an established single transaction limit of \$\_\_\_\_\_ and a monthly limit of \$\_\_\_\_\_ to be used for all charges related to the use of the CTS Card assigned to the Travel Card Coordinator noted above. The names of the departmental coordinator(s) I have assigned for the above card user are (1)\_\_\_\_\_ and (2)\_\_\_\_\_. I also understand that I am responsible for final review and approval of all CTS Card Activity Reports, per Travel Card Policy and Procedures.

\_\_\_\_\_  
Approver: Dept. Chair/Head (printed name) Department Chair/Head (signature) Date

**Approved by:**

\_\_\_\_\_  
Dean (for Academic Units) Date Vice Chancellor for Finance & Admin. Date

\_\_\_\_\_  
Travel Card Administrator Date