



DEPARTMENT TRAVEL CARD APPLICATION/AGREEMENT

The department card will be issued to the individual listed in section B, *card embossed in person's name who makes travel arrangements for the Department*

A. Department Name ORGN: _____

Department Name Building Room Campus Mail Stop

B. Cardholder/Travel Arranger Date of Travel Training:

Last Name First Name MI Title

Universal Login Campus Phone Home Phone Email

I accept responsibility for this Department Travel Card under the following conditions:

- Prior to any travel arrangements being confirmed or any travel taking place, the travel authorization form must be completed and approved.
• I will establish a procedure with a supplier that ensures the security of this account
• I will maintain receipts and logs for each charge made with the Travel Card in order to facilitate an efficient reconciliation process when the monthly download occurs.
• I will reconcile this account regularly (weekly reconciliation recommended), re-allocate charges to other than the default budget, resolve any discrepancies with suppliers and/or the account provider.
• Maintain all original receipts/back up documents charged to this account for auditing purposes.
• If this account becomes compromised, I will report it immediately by telephone to the card provide at 1.866.300.4911 and to the University Card Administrator at ext. 2080 or by email to TravelCard@wwu.edu
• I will notify the Card Administrator upon termination of employment or upon reallocation of duties which do not permit my continued responsibility for the Travel Card.
• I acknowledge and agree to release to the financial institution my birthdate to meet the requirements of the Office of Foreign Assets Control and the Patriot Act Section 326, Verification of Identification.
• I have received, read, understand and agree to comply with the laws of the State of Washington and the University policies, procedures, terms and conditions.

Signature _____ Date _____

C. Approving Official Information Date of Travel Training:

Last Name First Name Universal Login Campus Phone

Title Email

I accept responsibility for the Department Travel Card and I will:

- Monitor, review and approve Travel Card transactions to ensure compliance.
 Verify the legitimacy of Travel Card transactions
 Approve transactions on the online data system and assign a backup Approver.
 Ensure required documentation is maintained by cardholders for a period of six years.
 Ensure that the monthly reconciliation be completed and the proper account codes are completed.
 Notify Card Administrator of any employment status changes of Cardholder, e.g. transfer, relocation or terminated.

I have received, read, understand and agree to comply with the laws of the State of Washington and the University policies, procedures, terms and conditions.

Signature _____ Date _____

D. Accounting Information

Fast Index:	Fund:	Acct:	Actv:	Locn:	Proj:
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Single Transaction Limit	Daily Spending Limit	Monthly Spending Limit	Transactions Per Day
\$ 3000	\$ 10,000	\$ 10,000	\$ 20

E. Backup Approving Official Information **Date of Travel Training:** _____

_____	_____	_____	_____
Last Name	First Name	Universal Login	Campus Phone
_____		_____	
Title	Email		

I accept responsibility for the Department Travel and I will:

- Act as the backup approver during the absence of the approver.
- Monitor, review and approve Travel Card transactions to ensure compliance.
- Verify the legitimacy of Travel Card transactions.
- Approve transactions on the online data system and assign a backup Approver.
- Ensure required documentation is maintained by cardholders for a period of six years.
- Ensure that the monthly reconciliation be completed and the proper account codes are completed.
- Notify Card Administrator of any employment status changes of Cardholder, e.g. transfer, relocation or terminated.

I have received, read, understand and agree to comply with the laws of the State of Washington and the University policies, procedures, terms and conditions.

Signature _____ Date _____

F. Financial Manager Approval

I approve of the participation of a Department Travel Card Account, stated herein. My responsibilities will continue to ensure that department personnel will comply and all funds are spent in accordance with applicable University policy and procedures, state and federal rules, and agency, grant and contract guidelines.

_____	_____	_____
Print/Type Name of Financial Manager	Signature	Date

For Office Use Only

Application Rec'd: _____ Empl Verified: _____ BA Verified: _____ Database Entry: _____ Card Ordered: _____ Distributed: _____

User Setup:
 Hierarchy: _____ Role: _____ Scope: _____ Distr. Group: _____ User ID: _____ Init: _____

Approver Setup:
 Hierarchy: _____ Role: _____ Scope: _____ Distr. Group: _____ User ID: _____ Date: _____