

Read and electronically sign all pages before clicking Submit.

Travel Card Application

Travel Cardholder Information

Please provide full legal name for the Travel Card.

Name:
First MI Last

FSU Email: **Cell #:**
For Text Alerts

Department Name:

FSU Employee ID# (9 digits): **OMNI User ID:**
ex.000012345 ex. jwsmith

Date of Birth: **Confirm you are a full time, salaried employee**
mm/dd/yyyy

Training Completed:

Cardholder Home Address

(Home address required for OFAC purposes)

Street Address:

Street Address 2:

State: **City:** **ZIP/Postal Code:**

Cardholder Mailing /Billing Address

(Can be your official FSU headquarters address - not Central Travel Office address)

Check box if same as home address

Street Address:

Street Address 2:

State: **City:** **ZIP/Postal Code:**

Travel Card Application & Agreement

Read each item and ensure you understand each as it applies to the Travel Card (T-Card) program. **Your electronic or handwritten signature on these pages certifies you have read the statements** and understand your responsibilities for following the rules of the T-Card program outlined below and in the Travel Card Manual. **The application and the 3 pages of this agreement** must be submitted to the Travel inbox at travel@fsu.edu.

I understand:

1. No one else is to use my T-Card or have access to my card information. I am responsible for making all travel arrangements and purchases on my T-Card and must always secure my T-Card information.
2. The university T-Card is for official Florida State University business related travel expenses only.
3. It is my responsibility to know the rules and policies regarding travel authorizations and reimbursements. The Card may be used for:
 - Airfare
 - Travel agency fees
 - Lodging (room **ONLY**)
 - Rental car
 - Parking
 - Taxi service & taxi tip up to 20%
 - Bus/train fare
 - Telephone and internet (business use only)
 - Fuel for rental or FSU vehicles used in travel status
 - Conference fees (registration **ONLY**)
4. Charges such as meals and other incidentals are **NOT** allowed on the T-Card. When using the T-Card to pay for lodging, it is my responsibility to ask for two separate invoices; one for room charges only and the other for all other incidental charges.
5. All my travel related expenses in Florida should be exempt from State of Florida sales and use taxes. The Certificate of Exemption from Florida Sales tax is found at <http://controller.vpfa.fsu.edu/forms#Travel>. **I am responsible for notifying Florida vendors of this exemption.**
6. I must follow the rules set forth in the T-Card Online Training and pass the post test.
7. By providing my cell phone number above, I am opting-in to receive J.P. Morgan text alerts. **(You will receive an opt-in text confirmation when your Travel Card is ordered. Please opt-in to receive these notices.)**

Applicant Signature:

8. Standard T-Card Limits

- Individual Transaction Limit(per vendor per day): \$3,000
- Daily Limit: \$4,000
- Monthly Limit: \$10,000

9. If my T-Card is lost or stolen, I am responsible for contacting J.P. Morgan to issue a replacement. My T-Card can be terminated for any misuse at anytime.

10. My T-Card may be terminated by J.P. Morgan for fraudulent activity by outside parties at any time. I must carry an alternate payment method when traveling in the event of such occurrences or if the Category Code (MCC) is not allowed by J.P. Morgan.

11. I am responsible for placing charges on an expense report within **five days** of the T-Card charge appearing in my Available Expenses in Concur.

12. I am responsible for resolving a dispute directly with the merchant, before entering the formal dispute process with MasterCard/J.P.Morgan.

13. It is my responsibility to contact and follow-up with merchant(s) regarding any credits.

14. To report fraud or dispute a transaction, call the number on the back of the J.P. Morgan Travel card. All fraud/disputes must be received within 60 days from the transaction post date, or the cardholder will be responsible for payment of the charge. If this time period is missed, the right to dispute the charge is forfeited.

15. Any unused airline ticket charged to the Travel Card is property of FSU and must be retained by the department that paid for it. Arrangements must be made with the air carrier prior to flight departure date/time to ensure full ticket value is not voided.

16. Cancellation fees incurred due to personal reasons are the responsibility of the traveler and require immediate reimbursement to FSU.

17. It is my responsibility to cancel unneeded reservations (hotel, registration, etc.) as soon as possible and to have any charges credited to the T-Card.

18. If business travel is canceled for a business reason, airfare must be canceled through CTP. I or my department must obtain a credit for future use.

19. If I transfer or terminate from my current department, I must stop using my T-Card immediately and work with my supervisor to promptly destroy my card and submit the Travel Card Termination Form to the Travel Card Administrator.

20. Any unauthorized charges made by me using the T-Card require immediate reimbursement to FSU and may subject me to possible disciplinary action up to and including termination.

21. Personal charge amounts may be deducted from out-of-pocket reimbursements.

22. All questions involving Travel Card purchases, card issuances or card terminations should be directed to the Travel Card Administrator at travel@fsu.edu.

Applicant Signature:

Certification Statement:

I certify that I have taken the required online Travel Card Training and understand the rules and requirements to participate in the Travel Card Program. **I understand my failure to follow the established guidelines of this program may result in revocation of Travel Card privileges and, depending on the severity of the action, may result in disciplinary procedures up to and including termination of employment.** I agree with all the statements on this application.

Travel Card Applicant Signature

Printed Name of Travel Card Applicant

Date (mm/dd/yyyy)

Supervisor Signature

Printed Name of Supervisor

Date (mm/dd/yyyy)

Dean or Department Head Signature

Printed Name of Dean or Department Head

Date (mm/dd/yyyy)

Submit by E-Mail