



THE FLORIDA STATE UNIVERSITY
 OFFICE OF THE CONTROLLER
 Disbursement Services & Travel

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

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

Department Name:

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

Date of Birth:
mm/dd/yyyy

FOR TRAVEL CARD ADMINSTRATOR ONLY

Training Completed **T-Card Last 4 Digits:**

Ordered By: **Date Ordered:**

Issued By: **Date Issued:**

Signature Acknowledging Receipt of T-Card

Date T-Card Received



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 Card Administrator.**

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 T-Card may be used for
 - o Airfare
 - o Travel agency fees
 - o Lodging (room **ONLY**)
 - o Rental car
 - o Parking
 - o Taxi service & taxi tip up to 15%
 - o Bus/train fare
 - o Telephone and internet (business use only)
 - o Fuel for rental or FSU vehicles used in travel status
 - o 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>. The tax exempt number is on the front of all T-Cards. **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. (You can self-enroll online at: <https://canvas.fsu.edu/enroll/R4BT8L>)
7. The T-Card cannot be used to obtain cash advances.
8. By providing my cell phone number above, I am opting-in to receive Wells Fargo 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:



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9. Standard T-Card Limits
 - o Individual Transaction Limit (per vendor per day): \$3,000
 - o Daily Limit: \$4,000
 - o Monthly Limit: \$10,000
10. If my T-Card is lost or stolen, I am responsible for contacting Wells Fargo at 1-800-932-0036 to issue a replacement.
11. My T-Card can be terminated for any misuse at any time.
12. My T-Card may be terminated by Wells Fargo due to 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 Merchant Category Code (MCC) is not allowed by Wells Fargo.
13. 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.
14. I am responsible for resolving a dispute directly with the merchant, before entering the formal dispute process with Visa/ Wells Fargo.
15. It is my responsibility to contact and follow-up with merchant(s) regarding any credits.
16. In case of dispute, I must complete a Wells Fargo Dispute Form for disputed transactions and send it to the *WellsOne®* Service Center by fax or email. Fax - 866-831-4452, email - fraud.wellsonecenter@wellsfargo.com. *All disputes must be received within 60 days from the posting date of the charge. The form is available on the Travel website. If the right to dispute is forfeited, the department or cardholder will be responsible for payment of the charge.*
17. 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.
18. Cancellation fees incurred due to personal reasons are the responsibility of the traveler and require immediate reimbursement to FSU.
19. 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.
20. 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.
21. 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.
22. Personal charge amounts may be deducted from my personal reimbursements.
23. All questions involving Travel Card purchases, card issuances or card terminations should be directed to the Travel Card Administrator at travel@fsu.edu.

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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