

Department/Agency Name
Cardholder Agreement—Central Travel Card

The (Department/Agency Name) is pleased to provide you with a state authorized travel Central Travel Card (a.k.a. Event Card). The card represents the (Department/Agency Name) trust in you as a responsible employee to safeguard state funds and to make travel-related decisions and arrangements consistent with all rules and policies.

Procurement Rules:

www.gssa.state.co.us/purchasi.nsf/informational+pages/purchasing+home+page?opendocument

Fiscal Rules on Travel: www.sco.state.co.us/rules/new/chapter5.pdf

Central Services Travel Rules: www.state.co.us/gov_dir/gss/cen/rules/20rule.html

I, _____, acknowledge receipt of the (Department/Agency Name) Central Travel Card. As a cardholder, I agree to comply with the terms and conditions of State Procurement and Fiscal Rules (as they relate to travel), State Travel Rules, this Agreement, and the provisions of the (Department/Agency's) travel policies and any subsequent revisions. I acknowledge receipt of information on access to State Procurement, Fiscal, and Travel Rules.

As the cardholder, I agree to accept responsibility for the protection and proper use of the card as outlined in this Agreement and all relevant rules. The card is to be used only by me to pay vendors for allowable purchases of goods and services for official state government travel. I cannot use the card for personal purchases or personal travel. I understand that the (Department/Agency Name) will monitor the use of the card. If this Central Travel Card is lost, stolen, or compromised in any manner, I shall immediately advise my travel compliance designee and the bank issuing the Central Travel Card. I will also promptly provide written notice to the issuing bank, as provided for by the contract. (The issuing bank's phone number and address can be found on the State Travel Management Program website at www.state.co.us/gov_dir/gss/cen/travel1/stmp/.) I also agree to reconcile the charges on the Central Travel Card and to arrange for the (Department/Agency) to pay state authorized official travel-related charges within the bank's prescribed timelines, but in no instance, later than 61 days past the first billing. I understand that 1 percent interest per month will be charged to the (Department/Agency Name) on the entire unpaid balance if not paid within 59 days.

I understand that in the case of willful or negligent default of these obligations, the (Department/Agency Name) shall take any recovery and/or disciplinary action deemed appropriate that is permitted by law. Furthermore, upon notification of my transfer from the (Department/Agency Name), termination of employment, suspension or cancellation of my card privileges, I agree to notify my (Department/Agency Name) travel compliance designee and to promptly return my card to my agency.

Cardholder:

Signature: _____

Date: _____

Print Name: _____

Phone: _____

Department: _____

E-mail: _____

Address: _____

Approving Authority:

Signature: _____

Date: _____

Print Name: _____

Phone: _____

Department: _____

E-mail: _____