

**Department/Agency Name**  
**State Travel Cardholder Agreement—Individual Card**

The (Department/Agency) is pleased to provide you with a state authorized Travel 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 applicable rules and policies.

Procurement Rules:

[www.gssa.state.co.us/purchasi.nsf/informational+pages/purchasing+home+page?opendocument](http://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](http://www.sco.state.co.us/rules/new/chapter5.pdf)

Central Services Travel Rules: [www.colorado.gov/travel](http://www.colorado.gov/travel)

I, \_\_\_\_\_, acknowledge receipt of the (Department/Agency) 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) 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) will monitor the use of the card. If my card is lost, stolen, or compromised in any manner, I shall immediately advise my travel compliance designee and the bank issuing the card. (The issuing bank's phone number and address can be found on the State Travel Management Program website at [www.colorado.gov/travel](http://www.colorado.gov/travel).) As determined by (Department/Agency) policy, I also agree to submit travel expense reports for reimbursement of travel charges within 30 days of receipt of my travel card statement. I understand that I am personally responsible for all charges made by me on this travel card and for making payment to the issuing bank 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 on the entire unpaid balance if not paid within 59 days. If there is a balance at 180 days, it will be written-off by the Travel Payment Program Provider and at such time will be reflected in your personal credit bureau report.

I understand that in the event of willful or negligent default of these obligations, the (Department/Agency) 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), termination of employment, suspension or cancellation of my card privileges, I agree to notify my (Department/Agency) travel compliance designee and to promptly return my card to my agency.

Cardholder:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Other: \_\_\_\_\_

E-mail: \_\_\_\_\_

Approving Authority:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

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