Reset Form

Print Form

State of Colorado

CARDHOLDER AGREEMENT FORM—Individual Travel Card [Joint/Several]

The Department of _____ (the "Department") is pleased to provide you with a State authorized Joint/Several Liability Travel Card (the "Travel Card"). The Travel Card represents the Department's trust in you as a responsible employee and is issued to you by the Department in consideration for your agreement to safeguard State funds and to make travel-related decisions and arrangements consistent with all applicable rules and policies and as set forth herein. Applicable rules and policies include, without limitation, the following:

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.colorado.gov/travel (Go to: Rules)
Department's Travel Policies: _____ (website)

I, _____, agree that upon receipt of my Travel Card, I shall comply with the applicable rules and policies listed above, this Agreement, and any subsequent revisions to any of the foregoing. As the cardholder, I accept responsibility for the protection and proper use of my Travel Card as outlined in this Agreement and all applicable rules and policies. I further agree to:

(1) use my Travel Card **only** for the purpose of paying vendors for allowable purchases of goods and services for official state government travel;
(2) not use my Travel Card for personal purchases or personal travel;
(3) not allow others to use my Travel Card;
(4) submit travel expense reports for reimbursement of travel charges within 30 days of the date of the Travel Card statement on which the charges appear, or as determined by Department policy; and
(5) make payment to the issuing bank within the bank's prescribed timelines, but in no instance later than 59 days past the statement date;
(6) notify the issuing bank within the bank's prescribed timelines on any disputed and/or fraudulent charges.

I understand that the Department will monitor the use of my Travel Card. I acknowledge and agree that I shall be personally responsible for all charges made by me on my Travel Card, including any interest on such charges. I understand that 1 percent interest per month will be charged on the entire unpaid balance if not paid within 59 days. I acknowledge and agree that the State of Colorado has the right, to the extent permitted by law, to deduct amounts equal to the unpaid balance of my Travel Card from: **(a)** my next available pay, if the issuing bank does not receive payment in full within 75 days or; **(b)** my subsequent pay, if the deduction from my next pay is not sufficient; and **(c)** my final pay, upon termination of my employment with the State or transfer to another State agency; and to pay all unpaid amounts to the issuing bank until the unpaid balance of my Travel Card is paid in full.

I understand that in the event of the willful or negligent default of my obligations under this Agreement, the Department may take any action, in accordance with State Personnel Board rules and other applicable law, for the recovery of unpaid amounts and/or the imposition of appropriate corrective or disciplinary action permitted under the State Personnel Board rules and other applicable law.

If my Travel Card is lost, stolen, or compromised in any manner, I shall immediately notify the Department's travel compliance designee and the bank issuing the Travel Card. (The issuing bank's phone number and address can be found on the State Travel Management Program website at www.colorado.gov/travel Go to: *Travel Card* page.) Upon notification of my transfer from the Department, change in duties, termination of employment, suspension or cancellation of my Travel Card privileges, I agree to notify the Department's travel compliance designee and to promptly return the Travel Card to the Department.

Cardholder:	Date:
Signature:	Work#:
Print Name:	Cell/Home#:
Department:	E-mail:
Address:	City/State/Zip:
Approving Authority:	
Signature:	Date:
Print Name:	Phone:
Department:	E-mail: