

# STATE TRAVEL MANAGEMENT PROGRAM

## Travel Compliance Designee Agreement

The Department of, \_\_\_\_\_ (the "Department") is pleased to authorize you to act as the travel compliance designee for the Department's Travel Card Program. This designation represents the Department's trust in you as a responsible employee to monitor the use of the State authorized travel cards on behalf of the Department.

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) (Go to: Rules)

Department's Travel Policies: \_\_\_\_\_ (website)

I, \_\_\_\_\_, hereby acknowledge my appointment as a travel compliance designee for the Travel Card Program. As a travel compliance designee, I acknowledge receipt of and have knowledge of the State Procurement, Fiscal and Travel Rules and any travel-related rules issued by the Department. I have read and understand these rules. I agree to fulfill the responsibilities outlined in this Agreement and follow these rules and any subsequent revisions.

As a travel compliance designee, I understand that I am an internal control point for the Travel Card Program by ensuring that cardholders comply with state Procurement, Fiscal and Travel Rules, and the provisions of the Department's Travel Card Program. I will review the spending/payment activity by each of my cardholders and take appropriate action should violations occur, and provide guidance to those who process travel reimbursement and review cardholder transaction statements. If the cardholder has signed the Cardholder Agreement - Central Travel Card form dated **03-31-10**, and the cardholder has unpaid unauthorized charges after 30 days of the statement date, I will notify the Department's payroll office and controller to deduct unauthorized charges from the cardholder's next available pay. If the cardholder has signed the Cardholder Agreement - Individual Travel Card form dated **03-31-10**, and the cardholder has unpaid charges after 75 days of the statement date, I will notify the Department's payroll office and controller to deduct unauthorized charges from the cardholder's next available pay and apply this payroll deduction to the appropriate travel card account

I understand that the Department is liable to the travel card-issuing bank for all charges made by cardholders for authorized, official state government travel that is not reimbursed to the cardholder. I also understand that lost or stolen cards must be reported promptly by telephone. If not promptly reported as lost or stolen, the charges made on a lost or stolen Central Travel card (aka event card) before it is reported lost or stolen are the liability of the Department and charges made on a lost or stolen individual card before it is reported lost or stolen are the liability of the individual cardholder. I also will promptly notify the Department's controller of any card misuse or abuse.

I understand that the card is the responsibility of the assigned cardholders, and that, in the event of willful or negligent default of the cardholder's obligations; the department shall take any recovery action deemed appropriate that is permitted by law. Furthermore, I agree to notify the Department's controller immediately in the event that any cardholder under my approving authority is negligent with their cardholder responsibilities'. As a travel compliance designee, I understand my responsibilities include cancelling travel accounts of departing cardholder(s) immediately upon transfer from or is no longer employed by the Department or when a cardholder's duties change.

### Travel Compliance Designee:

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

Title: \_\_\_\_\_

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

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

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

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

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

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

\_\_\_\_\_

Fax: \_\_\_\_\_

### Approving Authority:

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

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

Title: \_\_\_\_\_

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

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