

**UNIVERSITY OF MARYLAND
TRAVEL CARD APPLICATION AND AGREEMENT**

I, _____, hereby request a University of Maryland Diners Club Travel Card. As a condition of receiving and using the Travel Card, I agree to comply with the following terms and conditions:

1. I understand that I am being delegated the authority to purchase travel and hosting services on behalf of the University of Maryland using the Travel Card. I understand and agree that the Travel Card may be used to purchase the following services: transportation, lodging, vehicle rental, meals, and other authorized expenses related to pre-approved travel or hosting activity. The Travel Card may not be used for retail or any other purposes, whether personal or University-related.
2. I agree that all travel and hosting services purchased with the Travel Card will be made in accordance with all applicable laws and regulations including, but not limited to, sponsored project terms and conditions; Maryland statutes; the Code of Maryland Regulations (COMAR); Diners Club Travel Card Program Policies and Procedures; University System of Maryland Travel Policy; University of Maryland Travel Policies and Procedures; University of Maryland Delegated Procurement Authority Policy; and departmental travel procedures. I understand that the failure to follow established procedures may result in disciplinary action(s) against me including loss of leave time, suspension and/or termination of employment, fines, garnished wages, and/or criminal prosecution.
3. I agree to return the Travel Card immediately upon the request of Travel Services or my dean, department head, or designee; upon suspension and/or separation from the University; or upon reassignment to another University unit. I acknowledge and agree that any failure to return the Travel Card pursuant to the requirements of this paragraph shall be cause for the imposition of disciplinary action(s) referred to in paragraph 2.
4. I agree to notify Diners Club and Travel Services immediately upon discovering that the Travel Card or Travel Card number has been compromised, lost, or stolen or upon noticing any unauthorized transactions on my Travel Card. I agree that I, and not the University, am solely liable for any unauthorized charges made to the Travel Card unless the Travel Card or Travel Card number has been reported to Diners Club and Travel Services as compromised, lost, or stolen.
5. I understand and agree that charges and ATM withdrawals using the Travel Card constitute a cash advance to me from the University for the limited purpose of funding authorized travel and/or hosting expenses. In the event I fail to reimburse the University for any unused cash advances or unauthorized and/or unsubstantiated charges within thirty (30) days of the conclusion of the related travel and/or hosting activity, I hereby authorize and agree that the University may recover any unpaid amount due by way of payroll deduction from my payroll check. In the event I am separated from the University prior to completion of any payroll deductions, I hereby acknowledge my obligation to the University for any remaining amount due. I understand and agree that failure to reimburse the University within the thirty (30) day period shall result in immediate cancellation of my Travel Card.
6. I agree to provide the University with itemized receipts for all travel and/or hosting expenses charged to my Travel Card.

Applicant's UID

Applicant's Signature

Date

Applicant's University Tel. #

Applicant's University Email

Applicant's University Address (Room # and Building Name)

Applicant's University Address (Street Address, City, State, Zip Code)

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Departmental Agreement

I agree to ensure that the Travel Cardholder Applicant, _____, complies with all terms of this University Travel Card Application and Agreement, University Travel Policies and Procedures, relevant University policies and procedures, governing law, and applicable regulations. I understand that failure to comply with these requirements may result in the cancellation of the Travel Card. Detailed information about Travel Card Cardholder and Approver Responsibilities and Procedures is available at www.dbs.umd.edu/travel/responsibilities.

Department Head Name

Department Head Signature

Date

Department Name

Default KFS Account #

Department Contact for Business/Travel Card Matters

Check if TCMS account access should be applied for the Department Contact named below.

Name of Contact within Department

Contact Telephone #

Contact Email Address

**Return signed application and agreement to:
University of Maryland - Travel Services, 2107 Patapsco Building, College Park, MD 20742
Contact us at: travel@umd.edu or 301.405.0607**

For Travel Services Use Only:

Field 1: _____ Field 2: _____ Field 3: _____

Field 4: _____ Field 5: _____ Verified: _____

**UNIVERSITY OF MARYLAND
TRAVEL CARD MANAGEMENT SYSTEM (TCMS)
TRAVEL CARD APPROVING AUTHORITY RECORD (TCAAR)**

Date of Request: _____
Cardholder Name: _____
Cardholder UID: _____
Department: _____

TYPE OF REQUEST

- Add** Approving Authority – Please complete information below.
- Remove** Approving Authority: _____
(Name and UID)

Approvers are authorized to review and approve Travel Card Transactions and Travel Card Logs

By signing below, approver agrees to review the travel card transactions monthly to ensure

- travel card statements are reconciled with the travel card log
- all transactions are supported with a detailed receipt
- receipts are attached and filed with the travel card log
- all transactions are allowable, appropriate, and authorized by the department
- all transactions are recorded to the appropriate account
- approver signature on travel card log confirms compliance with travel policies
- approver agrees to perform the duties of reviewer/approver as detailed in travel policies and Travel Card Cardholder and Approver Responsibilities and Procedures, which is online at <http://www.dbs.umd.edu/travel/responsibilities>.

Primary Approver

Name: _____
UID: _____
Email: _____
Tel. # _____
Signature: _____

Additional Approver

Name: _____
UID: _____
Email: _____
Tel. # _____
Signature: _____

If adding more than two approvers, please complete additional forms.

DEPARTMENT HEAD APPROVAL

Department Head Printed Name and Title

Department Head Signature and Date

Forward completed and signed form to: Travel Services, 2107 Patapsco Building, or via email to travel@umd.edu, or fax to 301.405.0555. Contact us at **301.405.0607** for inquiries. (Updated Sept 2019)