



WSSU

T-CARD ENROLLMENT FORM (Commercial Card Application)

INSTRUCTIONS: Please type or print using black ink. Complete all information. Incomplete forms will be forwarded back to the Department Head. Forward original application to: T-Card Administrator – Disbursement Services – 1604-B Lowery Street. The cardholder must be a permanent employee of WSSU, unless approved by Disbursement Services.

CARDHOLDER INFORMATION

Name _____ Title _____

E-mail Address _____ Telephone _____ Banner ID # _____

Campus Mailing Address: Department _____ Building & Room # _____

City/State/Zip _____

Cardholder Limits Single Transaction Limit \$ 5,000.00
 Monthly Credit Limit \$ 10,000.00

Date _____ Signature of Cardholder _____

DEPARTMENT RECONCILER FOR THIS ACCOUNT **(IF DIFFERENT FROM CARDHOLDER)**

Name _____ Title _____

E-mail Address _____ Telephone _____ Banner ID # _____

Campus Mailing Address: Department _____ Building & Room# _____

City/State/Zip _____

Designated Fund Numbers(s) _____

Note: Please notify Disbursement Services when grants have expired or when there is a change in grant fund numbers.

SIGNATURES:

Date _____ Printed Name of Department Head _____

Date _____ Signature of Department Head _____

Date _____ Printed Name of Vice-Chancellor/Provost/Chancellor (whichever is applicable)
(Required ONLY when the Cardholder is the Department Head)

Date _____ Signature of Vice-Chancellor/Provost/Chancellor (whichever is applicable)
(Required ONLY when the Cardholder is the Department Head)



Employee T-Card Agreement

I, _____, hereby acknowledge receipt of a University Travel Card (T-Card). As a Cardholder for the department of _____, I agree to comply with the following terms and conditions regarding my use of the T-Card.

- The protection and proper use of the T-Card, as outlined in this agreement and the T-Card Guidelines, is my responsibility. I am the person responsible for all charges made to the T-Card. I understand that the T-Card can only be used by the person to whom the T-Card has been issued. I should never lend my T-Card to another person or use another employee's T-Card. I understand that only permanent WSSU employees can obtain a T-Card unless otherwise approved by Disbursement Services.
- I am being entrusted with a University T-Card and will be making transactions on behalf of Winston Salem State University. I agree to strive to obtain the best value for the University on any transactions made and conduct business with sound, moral, and ethical standards.
- Under no circumstances will I use the WSSU T-Card to make personal or non-work related transactions, either for myself or others.
- I will not request or receive cash from merchants/service providers as a result of exchanges, returns, or rebates.
- Transactions made with the T-Card can only be charged to fund numbers that have been approved for my use and cannot be charged to any other fund numbers.
- Improper or fraudulent use of the T-Card may result in revocation of my use privileges and may result in disciplinary action, up to and including termination of employment.
- I have been given a copy of the T-Card Guidelines and have been given or have access to the University Travel Policies and Procedures via the WSSU Disbursement Services Website, and understand the terms and conditions governing the use of the T-Card and travel regulations.
- It is my responsibility to assure that budgetary funds are available prior to using the T-Card and that it is critical to keep tabs on spending levels.
- As the PI (Primary Investigator) of a grant account, I understand that I am responsible for all charges made to my grant. It is my responsibility to keep track of all spend activity to ensure all transactions made fall within the beginning and ending date of the grant. I will notify Disbursement Services when my grant has expired or when there is a change in my grant number. I understand that my T-Card privileges may be suspended or cancelled due to transactions made and reconciled to a grant account that has expired. I am aware that a transaction log is available for my use to help me keep track of my transactions.
- I agree to maintain documentation of all transactions, to reconcile my charge/credit receipts monthly against the Bank of America statement, approve my statement and forward it in a timely manner with the required statements (BOA/Works) and itemized receipts to the department reconciler responsible for on-line account reconciliation.

- The University may collect any amount owed by me for improper transactions. I understand that making full restitution may be a condition of my continued employment. I authorize the University to pursue legal action under NCGS, Sections 143-553 (making full restitution may be a condition of continued employment) and 105A (allows the University to set off against any refund due from the Department of Revenue the sum of any debt to WSSU). Statutes 143-553 and 105A can be located at www.ncga.state.nc.us.
- If I fail to repay any amount owed by me for improper transactions, then I agree that the University may deduct the amount owed from my salary. Below, I hereby subscribe by my hand and acknowledge my understanding of this agreement between me and the University and agree to these terms and conditions.
- The University may at any time, for any reason, terminate my right to use the T-Card. I agree to surrender the T-Card immediately upon request or upon termination of employment (including retirement). Should I change positions I will return my T-Card and arrange for a new T-Card if appropriate.
- If my T-Card is lost or stolen, I will notify the T-Card Administrator at **(336) 750-2803** and Bank of America at **1-888-449-2273** immediately.
- I understand that all T-Card guidelines apply to any additional fund and account numbers I add later to the T-Card Program for my use.
- I read the above instructions and understand the conditions of this agreement. By signing this agreement I agree to be bound by it.

_____initial

Signature of Cardholder: _____ Date _____

Type/Print Cardholder Name: _____

Date Attended Travel Training: _____