

**MARSHALL UNIVERSITY  
TEAM TRAVEL CARDHOLDER AGREEMENT**

This agreement outlines the responsibilities I have as a holder of a Marshall University Team Travel Card (Cardholder). My signature indicates I have read and understand these responsibilities and that I agree to adhere to Marshall University Team Travel Card Guidelines and any applicable travel rules and regulations of the BOG FA-2 Travel Policy.

1. I understand that the Team Card is solely for official travel for Marshall University business, intended to facilitate the payment of travel expenses for the conduct of university business within applicable activity limits and is not for my personal use.
2. I understand that use of the Team Card for payments not authorized within University Travel procedures will be considered misuse of the card and will be grounds for (a) immediate suspension of the Team Card (b) disciplinary action which may include termination of my employment and I understand that I am personally liable for any payments not authorized by the spending unit and permitted within University Travel Guidelines.
3. I understand that all charges will be billed to me for reconciliation but paid directly by the University and that United Bank cannot accept payment from me directly.
4. I understand that the Travel Card is issued in my name and I am responsible for maintaining the security of the card and for all charges made by or authorized by me against it.
5. I will safeguard the Team Card with appropriate security from the time I receive the card until it is surrendered to the appropriate person with the University Controller's Office. If the Team Card is lost or stolen, I agree to notify United Bank immediately at **(866) 661-4234 during regular business hours or (800) 556-5678 after business hours and the University Controller's Office at 304-696-6520.**
6. I agree to follow all State Travel Regulations and travel guidelines of Marshall University.
7. I understand that the Team Card must be surrendered upon request and/or upon my termination of employment from Marshall University.
8. I have received appropriate training and understand the State and University Travel regulations.
9. I agree that, should I violate the terms of the Team Cardholder Agreement, I will reimburse Marshall University for all charges improperly authorized by me to the Team Card and all costs incurred by Marshall University related to the collection of such charges.

\*Cardholder Signature \_\_\_\_\_ Date: \_\_\_\_\_

Cardholder's Name: (Please print) \_\_\_\_\_

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

University Coordinator's Signature: \_\_\_\_\_