

**UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER**  
**TRAVEL CARD - CARDHOLDER AGREEMENT**

1. The University of Oklahoma Health Science Center Travel Card (Travel Card) is for business-related travel expenses **ONLY**.
2. As a convenience and benefit to me when I travel on official University business, the Travel Card allows me to charge certain allowed business expenses directly to the University rather than having to pay for such expenses with my personal funds. As the cardholder I am the only authorized user of the Travel Card. All charges on the Travel Card are billed directly to and paid directly by the University of Oklahoma Health Sciences Center. I understand personal charges on the card are prohibited. If I inadvertently make such charges, they will be considered a loan or advance on my wages and will be deducted from my wages at the end of the payroll period following my receipt of the travel claim. In cases of unauthorized business or personal charges on the Travel Card, I agree that the unauthorized business and personal amounts will be deducted from my wages at the end of the payroll period following my receipt of the travel claim.
3. I shall comply with internal control procedures in order to protect University assets. This includes attaching receipts to travel expense reports, timely assigning Travel Card purchases to travel expense reports, and keeping the card secure at all times.
4. I and/or my duly appointed designee am/are responsible for assigning my Travel Card purchases to my appropriate travel expense reports in the University's travel management system and for resolving any discrepancies (such as contacting merchants or other parties). If a disputed charge cannot be resolved directly with the merchant, I must file a dispute with the Travel Card bank. I agree to follow the University's travel policy and procedures when using the Travel Card. Failure to do so may result in revocation of my cardholder privileges.
5. I shall ensure that the Travel Card assigned to me bears my legal name. If circumstances result in a legal name change, I shall timely contact [Pcard@ouhsc.edu](mailto:Pcard@ouhsc.edu) to have a new Travel Card issued to me.
6. I affirm that I have completed the training necessary for the University to issue the Travel Card to me.
7. I shall immediately notify Financial Services and the Travel Card bank if my Travel Card becomes lost or stolen. I understand that I may also send email notification to [Pcard@ouhsc.edu](mailto:Pcard@ouhsc.edu) I shall include my legal name and the name of my department in my notifications.
8. I shall timely surrender my Travel Card upon termination of my employment (i.e., retirement or voluntary/involuntary termination). I acknowledge that, at such point, no further use of the Travel Card is authorized and that such use may result in legal action against me for collection and/or criminal prosecution. I shall timely surrender my Travel Card for any reason upon the request of Financial Services.
9. I acknowledge that participation in the University of Oklahoma Health Sciences Center Travel Card Program is a convenience that carries responsibilities along with it. Although the Travel Card is issued in my cardholder name, it is University property that must be used with good judgment. **I understand that the Travel Card is not an entitlement nor reflective of title or position, that it may be revoked at any time, and that appropriate use is mandatory at all times. If I intentionally use the Travel Card improperly, the University will consider it a misappropriation of University funds, which may result in disciplinary action against me, up to and including termination. Legal action for collection and/or criminal prosecution may also result. By signing this agreement, I acknowledge that I understand and will comply with the University of Oklahoma Travel Policy and procedures.**

<http://www.ouhsc.edu/policy/Home.aspx#19931977-section-540---travel>

**Travel Card Receipt and Agreement**

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Date

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Cardholder Name

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Cardholder Signature