

If you have any Accounts Payable duties or functions, a CTS Account will not be issued

SECTION A – Applicant Information Please Print Legibly *Required Fields					
NAME OF NEW CTS ACCOUNT* (21-character limit)					
Primary Employee Name (Custodian Making Charges on Account) * First MI Last		Email Address*		AASIS Personnel Number *	
Secondary Employee Name (Custodian Making Charges on Account) * First, MI, Last		Email Address*		AASIS Personnel Number *	
Business Mailing Address*		City*	State AR	ZIP Code*	Area Code - Business Telephone*
Does applicant currently have a card or access? * Yes No			Does either Custodian have Accounts Payable roles? If so, applicant cannot be a cardholder. * Yes No		
SECTION B – Agency Accounting Information					
<i>This section is to be completed by an authorized Agency Program Liaison. *Required Fields</i>					
CTS Managing Account Name*			CTS Managing Account Company Number*		
Division (if applicable) – 5 digits			Department (if applicable) – 4 digits		
Agency Business Area*	Default Cost Center*	Default General Ledger 5020008000	Default Internal Order	WBS Element	Funds Res#
Monthly Requested Limit * (Limits > \$20,000 require additional approval)			Single Purchase Limit * (If monthly purchase limit > \$20,000 we recommend single purchase limit of < \$20,000)		
SECTION C – Employee Understanding/Signature *Required Signatures					
Employee Applicant requests that he/she be issued a Bank of America Mastercard Travel CTS Account. In consideration of this issuance and the use of Bank of America CTS Account, the Employee Applicant and State agree to be bound by the Bank of America Cardholder Agreement accompanying the account, as amended by Bank of America from time to time, for all charges incurred by the use of the card or the related account. Creditor is U.S. Bank National Association ND.					
I, the undersigned employee, understand that this account is to be used for official state travel pursuant to State Travel Regulations found at https://www.dfa.arkansas.gov/images/uploads/accountingOffice/Title-19_Chapter-4_SUBCHAPTER-9-Travel_Regulations.pdf The State is liable and responsible for payment of the bill in full each month. As a primary and back-up account custodian, I agree to make no personal charges on the account. I further understand that if I abuse this privilege, the account may be cancelled by my issuing state entity or the Office of State Procurement					
*Primary Employee Signature:		*Date:	*Secondary Employee Signature:		*Date:
*Liaison Name:		*Liaison Signature:		*Date:	
*Approving Manager Name:		*Approving Manager Signature:		*Date:	
Section D –Exception -Credit Limit Required Signatures					
<i>Credit Limits \$20,001 and above require approval from either the Agency Director, Chair if Board/Commission, or Dean if college/University</i>					
Print Name:		Title:	Date:		
Signature:					

DTSS CREDIT CARD SECTION USE		
Card Number:	Signature:	Date:

State of Arkansas

Travel Card/CTS Agreement Form

Check all that apply: Travel Card CTS Account

Printed Name: _____ Agency: _____

As an authorized and approved Arkansas Travel Card and/or Account Number holder, I fully understand and agree to the following terms and conditions regarding the use and safekeeping of the credit card(s) and/or account number(s) entrusted to me:

1. I have or will receive training on the Travel/CTS card policy and procedures.
2. I acknowledge that I do not have any accounts payable duties or functions; and that if I do my card privileges may be revoked.
3. Accept full personal responsibility for the safekeeping of the Travel Card and/or Account Number assigned to me and that absolutely no one, other than me, has authority to use the card and/or account number assigned to me or make charges on the card and/or account.
4. Will be making financial commitments on behalf of the State of Arkansas and will always endeavor to obtain fair and reasonable prices.
5. Will not charge family members travel expenses on my card and/or account, will not make personal food purchases on my card and/or account without prior approval from the Office of Accounting.
6. Will not use the Travel Card and/or Account Number for non-state official business, unauthorized, or personal purchases. If such charges occur, I will be required to reimburse the State and not the bank for all incurred charges and any fees related to the collection of those charges and do all such other things to remedy the situation.
7. Will immediately report the theft or loss of the Travel Card and/or Account Number to, Bank of America by phone at 1-888-449-2273 and my Agency P Card Liaison. Failure to notify the appropriate authority of the immediate theft, loss, or the misplacement of the travel Card and/or Account Number will make me personally responsible for any fraudulent or unauthorized use.
8. Will surrender the Travel Card and/or Account Numbers upon (a) my termination of employment with the State of Arkansas, or (b) retirement, or (c) transfer to another agency within the state, or (d) my supervisor or the OSP State Credit Card Manager requests surrender of my card.
9. Understand that I am responsible for obtaining all original detail receipts and submit them in accordance with my agencies policy and the Arkansas Travel Card Program's policies and procedures.

I understand that failure to follow any of the above listed terms and conditions or if found to have misused the Travel Card and/or Account Number(s) in any manner may result in (a) revocations of the privilege to use the card/account, (b) disciplinary action, (c) termination of employment, and/or criminal charges being filed with the appropriate authority. I hereby accept the above terms and conditions.

- **This agreement includes all future types of accounts as cardholder and/or account custodian.**

Employee signature: _____ Date Signed: _____