

CTS (GHOST) TRAVEL APPLICATION

Arkansas Department of Transformation and Shared Services
Office of State Procurement

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)									
	mary Employee Name (Custodian Making C count) * First MI Last	charges on	Email Address*			A	AASIS Personnel Number *		
	condary Employee Name (Custodian Makin Account) * First, MI, Last	g Charges	Email Address*			A	AASIS Personnel Number *		
Bu	siness Mailing Address*	City*	·	State AR	ZIP Code*	Area C	Area Code - Business Telephone*		
Does applicant currently have a card or access? * Yes				Does either Custodian have Accounts Payable roles? If so, applicant cannot be a cardholder. * Yes No					
SECTION B – Agency Accounting Information This section is to be completed by an authorized Agency Program Liaison. *Required Fields									
CTS Managing Account Name*				CTS Managing Account Company Number*					
Div	rision (if applicable) – 5 digits		Department (if applicable) – 4 digits						
Age	ency Business Area* Default Cost Center*	Default Ger Ledger 50200080		ault Internal Ord	er WBS Ele	ment		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 <u>official state travel</u> 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									
	it if I abuse this privilege, the account r rimary Employee Signature:	nay be cand * Date:		my issuing sta <mark>Secondary Em</mark> p				Procurement ate:	

*Liaison Name:			*Liaison Signature:				ט*ו	ate:	
*Ap	pproving Manager Name:	*Approving Manager Signature:				*Da	ate:		
Section D –Exception -Credit Limit Required Signatures									
Credit Limits \$20,001 and above require approval from either the Agency Director, Chair if Board/Commission, or Dean if college/University									
Print Name:			Title:			Dat	Date:		
Signature:									
п									
ŀ	Card Number:	DTSS CREDIT CARD SECTION USE Signature: Date:							
	Card Number: Signature: Date:								

State of Arkansas

Travel Card/CTS Agreement Form

CTS Account

Check all that apply:

Travel Card

Print	red Name: Age	ency:				
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.	unauthorized, or personal purchases. If such	ount Number for non-state official business, charges occur, I will be required to reimburse the s and any fees related to the collection of those by the situation.				
7.	America by phone at 1-888-449-2273 and rappropriate authority of the immediate theft, lo	Travel Card and/or Account Number to, Bank of my Agency P Card Liaison. Failure to notify the less, or the misplacement of the travel Card and/or ponsible for any fraudulent or unauthorized use.				
8.	Will surrender the Travel Card and/or Account employment with the State of Arkansas, or (b) within the state, or (d) my supervisor or the O surrender of my card.	retirement, or (c) transfer to another agency				
9.	Understand that I am responsible for obtainin accordance with my agencies policy and the Aprocedures.	g all original detail receipts and submit them in Arkansas Travel Card Program's policies and				
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 type custodian.	es of accounts as cardholder and/or account				
Emp	loyee signature:	Date Signed:				