

Travel Corporate Card - Application and Agreement (TCCA)

The **Bank of America (BoA)** Corporate Card (CARD) is intended to only be used for Montclair State University (**University**) **travel-related** business expenses, and is **FOR OFFICIAL USE ONLY**. All purchases with this card must comply with the University guidelines set forth in both the **Travel and Expense Policy and Manual**.

If the CARD is lost or stolen, the cardholder has the responsibility to notify the card-issuing bank (see below) and the **Card Administrator** at Travel@Montclair.edu.

Violation of any part of the Travel Policy will result in revocation of individual cardholder privileges, and may result in personal liability.

I agree to comply with the terms and conditions of this Agreement and the applicable provisions of both the **Travel and Expense Policy** and its **Manual**. I acknowledge receipt of the **Travel Corporate Card Policy and Manual** and the list of **Non-Reimbursable Expenses**. I confirm that I have read and understand and will comply with all terms and conditions.

I agree to use this CARD for Montclair State University-approved purchases only and agree not to charge personal purchases. I understand that the University will audit the use of this CARD and report any discrepancies to the appropriate University official.

Should I terminate employment with the University, I will return the card to the **Card Administrator** for cancellation.

I further understand that improper use of this CARD may result in disciplinary action. I understand that Montclair State University may terminate my right to use this CARD at any time for any reason. I agree to return the CARD to the University immediately upon request. Should I fail to use this CARD properly, I authorize Montclair State University to deduct from my salary, or from other amounts payable to me, an amount equal to the total of the improper purchases together with interest, cost, expenses and attorney's fees. I also agree to allow the University to collect any amounts owed by me even if I am no longer affiliated with the University.

Cardholder Signature: _____ Date: _____ Email _____

Print Name: _____ CWID _____ Office ext. _____

As Department Head or Designee, I approve the issuance of a Travel Corporate Card to this University employee. I agree to uphold and enforce all applicable policies for the University and applicable laws of the State of Jersey, and all applicable federal policies and procedures, and to assure that the **Administrator is notified** immediately upon this employee's termination.

As Department Manager, I am designated as the approver for the BoA Works' purchase request and posted transactions.

Dept. Manager Signature: _____ Date: _____

Print Name: _____ Card Limit: _____

Department Name: _____

Chartfields- Department Fund _____ Department ID _____

Supervisor's Signature (if Department Manager is the Cardholder):

Date: _____

Print Name: _____

For Accounting Use _____

BoA Hotline- 888-449-2273. Return this FORM to the **Card Administrator** at Travel@Montclair.edu.

Submit