



Travel Card-Cardholder User Agreement

Instructions: Please complete and submit to your Agency Travel Card Coordinator

This Travel Card may only be used for expenses related to official State of Wisconsin business.

Typical examples of approved uses of the Travel Card include expenses such as airfare, lodging, car rental, meals, conference or meeting registration and ground transportation when incurred in official state business travel status.

The Travel Card MAY NOT be used for personal expenses. Any expenses other than those specifically authorized in the Travel Card Policy & Procedures Manual are not allowed. Use of the Travel Card for personal expenses is not allowed and will lead to cancellation of card privileges and may be cause for disciplinary action. However, the Travel Card may be used for non-reimbursable expenses that are reasonably incident to business related travel expenses. For example, a meal charge that is above the per diem dinner amount: you may charge the entire cost of the meal to your travel card but can only submit the State's allowance for reimbursement.

The following are your responsibilities as a State of Wisconsin Travel Card Cardholder:

- Follow State of Wisconsin travel regulations, (see www.doa.state.wi.us keyword: travel services);
- Follow policies and procedures set forth in Travel Card Policies and Procedures Manual (see www.doa.state.wi.us keyword: travel services);
- Promptly pay Travel Card bills in full each month;
- Work directly with US Bank to resolve billing disputes;
- Cancel cards upon termination, suspension, extended leave of absence from employment or transfer between state agencies;
- Report cards lost or stolen.

I hereby agree to follow the policies and procedures set forth in the State of Wisconsin Uniform Travel Schedule Amounts and the DOA Travel Card Policies & Procedures Manual.

I understand that my failure to adhere to these policies and procedures may constitute misuse of company property and may result in revocation of the U.S. Bank Travel Card or other disciplinary measures.

Program Administrator Name

Employee Name (Please Print)

Address Line 1

Employee Signature

Address Line 2

Date

City, State, ZIP

Signature