

***If you have any Accounts Payable duties or functions, a Travel Card will not be issued.***

<b>Section A – Employee Applicant Information</b> Please Print Legibly <b>*Required Fields</b>					
Last Name*		First Name*		Middle Initial	AASIS Personnel Number*
Business Mailing Address*			City*	State AR	ZIP Code*
Area Code - Business Telephone*	Area Code – Emergency Telephone*	Email Address*		Does applicant already have a card or access? Yes No	
Special Embossing on Card (if applicable)			Does applicant have Accounts Payable roles? If so applicant cannot be a cardholder* Yes No		
<b>Section B – Agency Accounting Information</b>					
<i>This section is to be completed by an authorized Agency Program Liaison. *Required Fields</i>					
Managing Account Name*			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)*			Monthly Requested Limit (If monthly purchase limit > \$20,000 we recommend single purchase limit of < \$20,000)*		
<b>Section C – Employee Understanding/Signature *Required Signatures</b>					
Employee Applicant requests that he/she be issued a Bank of America Mastercard Travel Card. In consideration of this issuance and the use of the Bank of America T-Card, the Employee Applicant and State agree to be bound by the Bank of America Cardholder Agreement accompanying the card, 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 Bank of America.					
I, the undersigned cardholder, understand that this card is to be used for official state travel pursuant to State Travel Regulations found at <a href="https://www.dfa.arkansas.gov/accounting-office/travel-regulations1/">https://www.dfa.arkansas.gov/accounting-office/travel-regulations1/</a> , policies found in the Travel Card Policy and Procedure Manual, and agency purchasing regulations. The State is liable and responsible for payment of the bill in full. As a cardholder, I agree to make no personal charges on the card. I further understand that if I abuse this privilege, my card may be cancelled by my issuing state entity or the Office of State Procurement.					
*Employee Signature:				*Date:	
*Liaison Name:		*Liaison Signature:		*Date:	
*Approving Manager Name:		*Approving Manager Signature:		*Date:	
<b>Section D – Exception -Credit Limit Required Signatures</b>					
<i>Credit Limits \$20,001 and above require approval from 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: