



Indiana University of Pennsylvania Travel Card Acceptance Form

I agree to use the Bank of America Travel Card exclusively for official business travel on behalf of Indiana University of Pennsylvania and will adhere to the Travel Card Policy and Procedures as set forth by the Office of the Chancellor and Accounts Payable office of Indiana University of Pennsylvania and as may be amended in the future. I have received the Travel Card Procedures provided by Accounts Payable and I understand the procedures.

I accept that I am personally liable for all charges against the Card and will pay the total balance due by the due date. I am aware that late fees and finance charges will be assessed if the payments are not received by the due dates. I accept responsibility to pay all late fees and finance charges at my own expense.

I will keep the Card in a safe place to prevent fraudulent use and will examine all charges for accuracy. If the card is lost or stolen, I will notify the Bank of America Cardholder Support Team and the Accounts Payable Office immediately. I will attach original receipts, as required, when I submit a travel expense voucher for reimbursement.

I understand and acknowledge that improper use of the Card may result in my card being cancelled and possibly disciplinary action.

By signing below I give Indiana University of Pennsylvania permission to seek restitution through a payroll deduction or deductions as necessary for any balances the University is required to pay on my behalf.

Employee Signature

Date

Card Administrator Signature

Date