

Salisbury University
Diners Club Travel Card Member Agreement
Page 1

I, _____, hereby request a Salisbury University Diners Club Travel Card (Travel Card). As a condition of receiving and using the Travel Card, I agree to comply with the following terms and conditions:

1. I understand that I am being delegated the authority to purchase travel-related services on behalf of Salisbury University using the Travel Card. I understand and agree that the Travel Card must be used, consistent with University and University System of Maryland (USM) policies and procedures, to purchase the following services: transportation, lodging, vehicle rental, meals, and other authorized expenses related to a specific pre-approved travel. The Travel Card may not be used for retail or any other purposes, whether personal or University-related. I further understand that I am not allowed to let anyone else use the Travel Card.
2. I agree that all travel-related services purchased with the Travel Card will be made in accordance with all applicable laws and regulations, including, but not limited to, sponsored project terms and conditions; Maryland statutes; the Code of Maryland Regulations (COMAR); the Diners Club Travel Card Program Policies and Procedures; the University System of Maryland Travel Policy and the Salisbury University Travel Policies and Procedures. I understand that the failure to follow established procedures may result in disciplinary action(s) against me up to and/or including loss of leave time, suspension and/or termination of employment, fines, garnished wages, and/or criminal prosecution.
3. I agree to return the Travel Card immediately upon suspension and/or separation from the University (including resignation, termination, or retirement) or upon reassignment to another University department. In addition, I agree to return the Travel Card immediately upon the request of my department head or designee. I acknowledge and agree that any failure to return the Travel Card pursuant to the requirements of this paragraph shall be cause for the imposition of disciplinary action(s) referred to in paragraph 2.
4. In the event the Travel Card is lost or stolen, I agree to notify Diners Club and the Travel Card Program within twenty four (24) hours of such event. Any failure to report the loss or theft of the Travel Card within twenty-four (24) hours of such event shall result in my being liable for any unauthorized charges. I also agree to notify Diners Club and the Travel Card Program upon notice of any unauthorized transactions on my Travel Card.
5. Except as otherwise provided herein, I understand and agree that I, and not the University, am solely liable for any unauthorized charges made to the Travel Card.
6. I understand and agree that charges and ATM withdrawals using the Travel Card constitute a cash advance to me from the University for the limited purpose of funding authorized travel-related expenses. Within ten (10) calendar days from travel conclusion, I agree to provide the University with a State of Maryland Expense Account and appropriate receipts for all my travel-related expenses pursuant to policy. I also agree to reimburse the University within ten (10) calendar days of travel conclusion for any unused cash advances and unauthorized and/or unsubstantiated charges to the Travel Card. I understand and agree that the failure to provide the Expense Account form and related receipts and/or to reimburse the University within the ten (10) calendar day period may result in the immediate cancellation of my Travel Card. In the event my services to the University terminate prior to completion of any payroll deductions, I hereby acknowledge my obligation to the University for any unused cash advances and any unauthorized and/or unsubstantiated charges to the Travel Card.

Print Name of Card Applicant

Card Applicant Signature

Date

Card Applicant Phone (include Area Code)

Card Applicant E-Mail Address

Continued on Next Page

Salisbury University
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Page 2

DEPARTMENTAL AUTHORIZATION

I authorize the above applicant to obtain a Diners Club Travel Card and charge travel-related expenses to the department noted below. I acknowledge and agree that it is my responsibility to ensure that the cardholder complies with the aforementioned terms and conditions.

Department Name

Department Number

Name of Department Budget Administrator

Signature of Budget Administrator

Date

Departmental Contact for Business Matters Related to the Travel Card

Name

Phone Number

Return Signed Agreement to:

Salisbury University Accounts Payable
Holloway Hall Room 218
Kaye Gibbs: kdgibbs@salisbury.edu ext: 36079
Kim Daly: kcdaly@salisbury.edu ext. 36257