

Red Rocks Community College State Travel Cardholder Agreement—Individual Card (Joint/Several)

Red Rocks Community College (RRCC) is pleased to provide you with a State authorized Travel Card (the "Travel Card"). The Travel Card represents RRCC's trust in you as a responsible employee and is issued to you by RRCC in consideration for your agreement to safeguard State funds and to make travel-related decisions and arrangements consistent with all applicable rules and policies and as set forth herein. Applicable rules and policies include, without limitation, the following:

Procurement Rules:

www.gssa.state.co.us/purchasi.nsf/informational+pages/purchasing+home+page?opendocument

Fiscal Rules on Travel: [http://www.colorado.gov/dpa/dfp/sco/FiscalRules/FR_5-1\(2009-0701\).pdf](http://www.colorado.gov/dpa/dfp/sco/FiscalRules/FR_5-1(2009-0701).pdf)

Central Services Travel Rules: www.colorado.gov/travel (Go to: Rules)

I, _____, agree that upon receipt of my Travel Card, I shall comply with the applicable rules and policies listed above, this Agreement, and any subsequent revisions to any of the foregoing. As the cardholder, I accept responsibility for the protection and proper use of my Travel Card as outlined in this Agreement and all applicable rules and policies. I further agree to:

- (1) use my Travel Card **only** for the purpose of paying vendors for allowable purchases of goods and services for official state government travel;
- (2) not use my Travel Card for personal purchases or personal travel;
- (3) not allow others to use my Travel Card;
- (4) submit travel expense reports for reimbursement of travel charges within 30 days of the date of the Travel Card statement on which the charges appear, or as determined by RRCC policy; and
- (5) reimburse RRCC within 30 days of the Travel Card statement for any credits that post for which reimbursement was received from RRCC for the original charge; and
- (6) make payment to the issuing bank within the bank's prescribed timelines, but in no instance later than 59 days past the statement date;
- (7) notify the issuing bank within the bank's prescribed timelines on any disputed and/or fraudulent charges.

I understand that RRCC will monitor the use of my Travel Card.

I acknowledge and agree that I shall be personally responsible for all charges made by me on my Travel Card, including any interest on such charges. I understand that 1 percent interest per month will be charged on the entire unpaid balance if not paid within 59 days.

I acknowledge and agree that the State of Colorado has the right, to the extent permitted by law, to deduct amounts equal to the unpaid balance of my Travel Card from: (a) my next available pay, if the issuing bank does not receive payment in full within 75 days or; (b) my subsequent pay, if the deduction from my next pay is not sufficient; and (c) my final pay, upon termination of my employment with the State or transfer to another State agency; and to pay all unpaid amounts to the issuing bank until the unpaid balance of my Travel Card is paid in full.

I understand that in the event of the willful or negligent default of my obligations under this Agreement, RRCC may take any action, in accordance with applicable State Personnel Board rules, RRCC System and Board policies, and other applicable law, for the recovery of unpaid amounts and/or the imposition of appropriate corrective or disciplinary action permitted under the State Personnel Board rules and other applicable law.

If my Travel Card is lost, stolen, or compromised in any manner, I shall immediately notify the RRCC's travel compliance designee and the bank issuing the Travel Card. (The issuing bank's phone number and address can be found on the State Travel Management Program website at www.colorado.gov/travel. Go to *Travel Card* page.)

Upon notification of my transfer from RRCC, change in duties, termination of employment, suspension or cancellation of my Travel Card privileges, I agree to notify RRCC's travel compliance designee and to promptly return the Travel Card to the Department.

Cardholder:

Signature: _____

Date: _____

Print Name: _____

Home Phone: _____

Approving Authority (Supervisor):

Signature: _____

Print Name: _____

Date: _____