

Personal Liability Travel & Entertainment Card Application (Updated 8/20/14)



Please find the attached Corporate Card Application and Cardholder Letter of Agreement for the Washington University Personal Liability Travel & Entertainment Card Program. Before completing these, please make sure you have read and understand the Personal Liability Corporate Travel & Entertainment Card Program Guide. If you have questions, please contact the Card Program Administrators at (314)935-8640 or (314)935-5711.

Complete the Personal Liability Travel & Entertainment Card Application. The newly designed application is easier to complete and ensures that J.P. Morgan captures the appropriate information for our program. More information is now required in order to comply with the Office of Foreign Assets Control (OFAC) of the U.S. Department of the Treasury. In addition to each applicant's full legal name and address, the application also requires date of birth and country of citizenship. The completed application must be returned to the Card Program Administrator at Campus Box 1147.

Review and complete the Personal Liability Travel & Entertainment Card, Cardholder Letter of Agreement. This form may be returned with the Individual Corporate Card Application, to the Card Program Administrator at Campus Box 1147.

After you receive and begin using the T&E card; travel expense statements, for reimbursement, should be completed and submitted to Accounts Payable as soon as possible. J.P. Morgan has set payment contract terms at 30/25. The monthly cycle date ends on the last business day of each month, the statement is printed and mailed on the first business day. Payment is due on or around the 25th, which will be noted on the statement. You will need to pay the statement balance in full. J.P. Morgan will not give us leeway on the contract terms. They will charge a \$10 late fee, and Card Program Administrators cannot negotiate to have the fee removed. There is also a 2% delinquency fee for all charges on a delinquent account.

Personal Liability Travel & Entertainment Card Application

All information is required to effectively screen against sanctions lists, in order to comply with legal obligations to the U.S. Office of Foreign Assets Control.

EMPL ID (last four digits are used for account security): _____

Full First Name: _____ Middle Initial: _____ Last Name: _____

Name as it will appear on card (21 character limit): _____

Date of Birth (mm/dd/yyyy): _____ Country of Citizenship: _____

Mother's Maiden Name (first four letters are used for account security): _____

Business Email address: _____

University Phone Number: _____ Other Phone (optional): _____

Cardholder Home Address (account statement will be delivered to the home address):

Street Address – no P.O. Box

Street Address Line 2 – if applicable

City

State

Zip Code

Transaction Limits (please request limits that will cover expected travel expenses):

Standard Single Transaction Limit \$1,500 or Optional Higher Limit _____

Standard Monthly Credit Limit \$5,000 or Optional Higher Limit _____

Approvals

I have read and agree to comply with the policy and procedures in the Personal Liability Travel & Entertainment Card Program Guide. I further understand that failure to comply may result in grounds for immediate dismissal and may also result in referral for civil or criminal legal action. Should my affiliation with the University change or terminate, these prohibitions remain in effect.

Applicant's Signature: _____ Date: _____

Management Approval:

I understand the functions of the user role(s) being provided and authorize the access to the individual listed above.

Printed Name: _____ Title: _____

Signature: _____ Date: _____

Please send completed application form to: Card Program Administrator, Campus Box 1147

Personal Liability Travel & Entertainment Card Cardholder Letter of Agreement

(Updated 8/20/2014)



I have received and reviewed a copy of the Personal Liability Travel & Entertainment Card Program Guide. I understand that:

1. This is a personal liability card issued through JPMorgan and Chase (Issuing Bank) and Washington University (Guarantor). The T&E card should only be used for business related travel and entertainment purchases. I am responsible for issuing payment to JPMorgan Chase for all charges on the card during the established billing period. Penalty fees resulting from a late payment are my responsibility, and are not a reimbursable expense. I must submit a Travel Report to Accounts Payable with original supporting documentation in accordance with University policy in order to receive reimbursement.
2. Balances greater than 60 days old will put my account into delinquent status. It is a violation of policy to allow my card to go into delinquency status. Accounts that are in delinquent status will be suspended from further activity and may be cancelled. I authorize the University to deduct from my payroll check delinquent balances that are not resolved. If no longer employed, the amounts owed may be added to my W-2 and taxed as income.
3. I understand that failure to comply with T&E Card Program policies and procedures or improper use of the card could result in disciplinary action being taken against me, including but not limited to, card revocation, termination of my employment with the University and/or criminal charges being filed with state and local authorities. I agree to surrender my T&E card to the University's Card Program Administrator or my immediate supervisor upon their demand, or, upon the end of my employment with the University.
4. I am the only person authorized to use my T&E card, but I may provide the account number to the person who books my travel. My card cannot be used for personal expenses and all of my transactions are subject to review by Financial Services, Resource Management and Internal Audit.
5. I should attempt to resolve disputes directly with the merchant. If I am unable to reach resolution with the merchant, I should contact JPMorgan Chase.
6. I am responsible for taking steps to safeguard my card against theft or loss. If my card is lost or stolen, I must notify JPMorgan Chase immediately.

I have addressed and resolved any policy questions or concerns I have to the Card Program Administrator prior to signing this form.

EMPL ID

Print Cardholders Last Name

Cardholder Signature

Date