



**MISSISSIPPI DEPARTMENT OF FINANCE AND ADMINISTRATION  
OFFICE OF PURCHASING, TRAVEL AND FLEET MANAGEMENT  
TRAVEL CARD CARDHOLDER AGREEMENT AND SETUP FORM**

**Check one:**  State Agency/University  Governing Authority  School District

**SECTION I INSTRUCTIONS**

- To add a new account or make changes, select the appropriate change in Section II. NOTE: Sections III and IV may be completed by the Cardholder, while Sections II, V & VI shall be completed by the Entity.
- Maintain a copy in the Cardholder and Program Coordinator's files.
- Email this document (along with other pertinent information) to [laurie.pierce@dfa.ms.gov](mailto:laurie.pierce@dfa.ms.gov).

**SECTION II REPORTING PARAMETERS**

- New Cardless Account
- New Carded Account
- New Department Card Account
- Issue Replacement Card
- Modify Account Information
- Lost/Stolen Replacement Card

**OPTFM Use Only**

Entity Number	Authorization Strategy
OPTFM Travel Card Administrator	Date

**SECTION III CARDHOLDER'S INFORMATION (Please Print)**

Account Number	Cardholder's First Name, Middle Initial	Cardholder's Last Name
Entity Name (maximum 21 characters)	Business Telephone Number	
2 <sup>nd</sup> Line Embossing (maximum 21 characters/data on Front of Card)	Fax Number	
Entity Mailing Address Line 1 (maximum 36 characters)	Last 4 digits of Social Security Number	
Entity Mailing Address Line 2 (maximum 36 characters)	Position	
City	State	Zip
Email Address		Control Account No.

**SECTION IV CARDHOLDER'S SIGNATURE**

I understand that the Card is monitored and it is to be used for authorized and official purchases only according to the Entity with which I am employed and the Office of Purchasing, Travel and Fleet Management's policies. I agree that use of this account if approved will be in compliance with the Travel Card Program rules and regulations as set forth by the Office of Purchasing, Travel and Fleet Management, as well as applicable state laws. I agree that the account will not be used for personal purposes at any time and understand that the account use can be revoked at any time. I agree that if this is an individual cardholder account, only my expenses may be charged. I understand that it is my responsibility to notify the Bank, Entity, and Travel Manager if my card is lost or stolen.

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION V AUTHORIZATION PARAMETERS – Select one of the below credit limits**

<input type="checkbox"/> Monthly Credit \$ 30,000 Single Transaction Limit \$ _____	<input type="checkbox"/> Monthly Credit Limit \$20,000 Single Transaction Limit \$ _____	<input type="checkbox"/> Monthly Credit Limit \$10,000 Single Transaction Limit \$ _____	<input type="checkbox"/> Monthly Credit Limit \$5,000 Single Transaction Limit \$ _____
<input type="checkbox"/> Monthly Credit \$1,000 Single Transaction Limit \$ _____	<input type="checkbox"/> Monthly Credit \$500 Single Transaction Limit \$ _____	<input type="checkbox"/> Monthly Credit \$100 Single Transaction Limit \$ _____	<input type="checkbox"/> Monthly Credit \$ _____ Single Transaction Limit \$ _____

**SECTION VI ENTITY PROGRAM COORDINATOR'S SIGNATURE AND TELEPHONE NUMBER**

Approving Entity Program Coordinator's Name (printed) \_\_\_\_\_  
Approving Entity Program Coordinator's Signature \_\_\_\_\_ Date \_\_\_\_\_