



MISSISSIPPI DEPARTMENT OF FINANCE AND ADMINISTRATION
OFFICE OF PURCHASING, TRAVEL AND FLEET MANAGEMENT

TRAVEL CARD SERVICES PROGRAM

CARDHOLDER AGREEMENT

I, _____ (**the cardholder**), acknowledge that I am being entrusted with a valuable tool to make financial commitments on behalf of my agency. I commit to utilizing this travel card to secure the best value for my agency and the State. I, _____ (**the cardholder**), also agree to accept full responsibility for the safeguarding and appropriate use of the State's Travel Card per the terms and conditions outlined below:

1. The cardholder agrees to use the travel card solely for authorized travel-related expenses concerning official government purposes. (Personal charges are strictly prohibited.)
2. The cardholder agrees to inform merchants that the purchase is made on behalf of a government entity exempt from state and local taxes. (If taxes are charged, the cardholder must immediately seek a credit.)
3. The cardholder agrees to provide supporting receipts and a transaction log for each travel-related transaction. (Receipts must be detailed sales receipts or official order descriptions.)
4. Upon receiving the monthly statement, the cardholder agrees to review all charges for accuracy, complete any necessary dispute documentation, reconcile the statement with receipts and logs, and approve and sign the statements.
5. According to agency policy, the cardholder must submit the statement and copies of receipts, logs, and dispute documents to the appropriate agency official within one (1) day of receiving the statement.
6. The cardholder agrees not to share the assigned travel card or card number with anyone other than the transaction merchant and understands that sharing the card or card number with unauthorized individuals may result in disciplinary action by the agency or the Office of Purchasing, Travel, and Fleet Management.
7. The cardholder agrees to ensure that all travel services (e.g., flights and hotels) are booked and confirmed.
8. The cardholder agrees not to request or provide cash advances using the travel card. (Cash advances are strictly prohibited.)
9. The cardholder agrees to use the travel card exclusively for travel-related expenses and not for any other purchases, such as procurement of goods or services unrelated to travel.
10. If the card is lost or stolen, the cardholder agrees to notify the bank and the agency's coordinator immediately.
11. The cardholder agrees to return the travel card immediately upon request, termination, resignation, or retirement.

I acknowledge that the card is monitored and must be used exclusively for authorized and official purchases, per the policies of my employing entity and the Office of Purchasing, Travel, and Fleet Management. If my account is approved, I agree to comply with the Travel Card Program's rules and regulations, as outlined by the Office of Purchasing, Travel, and Fleet Management, as well as all applicable state laws. I agree that the account will never be used for personal expenses and understand that it can be revoked at any time. If this is an individual cardholder account, I agree that only my expenses will be charged. I understand that it is my responsibility to promptly notify the Bank, Entity, and Travel Card Administrator if my card is lost or stolen.

Printed Name of Cardholder _____

Signature of Cardholder _____ Date _____

I, _____ (**name of program coordinator**), certify that I have read and fully understand the policies and procedures governing the use of the State of Mississippi's Travel Card. I acknowledge that I may be held jointly responsible for any charges related to approved purchases that do not comply with these procedures. Additionally, I understand that my agency may impose further restrictions, and I commit to all such requirements. I also recognize that misuse of the program may result in losing our agency's Travel Card privileges.

Printed Name of Program Coordinator

Agency /Organization Name

Signature of Program Coordinator

Date

*Mississippi Department of Finance and Administration
Office of Purchasing, Travel, and Fleet Management*

Emailed: Yes No

Card Administrator

Date