State Travel Credit Limit Request – Individual Travel Card

Adams State University is pleased to provide you with a State authorized Joint/Several Liability Travel Card (the “Travel Card”). The Travel Card represents Adams State University’s trust in you as a responsible employee and is issued to you by Adams State University in consideration for your agreement to safeguard State funds and to make travel-related decisions and arrangements consistent with all applicable rules and policies.

To determine what amount to use as a “Requested Credit Limit” consider how much travel you do throughout the year, and how much is charged on your travel card. The requested credit limit is per month. Adjustments can be made in-house to increase the limit temporarily, if you have a trip where expected expenses will be higher than your limit. The credit limit requested is subject to approval, so the amount approved may be different than the amount applied for.

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 2.5% 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 undisputed 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.

Requested Credit Limit per month: $__________________ (subject to approval)

Cardholder:
Signature: ___________________________ Date: ___________________________

Supervisor Authorization:
Signature: ___________________________ Date: ___________________________

For Business Office Use Only

Authorized Credit Limit given per month $__________________

Travel Compliance Officer:
Signature: ___________________________ Date: ___________________________