

Travel Card Application & Agreement

Department Card

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Before submitting your application, you must complete the online training course, **Travel Policies for the Traveler**, which is available in the Atlas Learning Center.

To submit your MIT Travel Card Application:

Digital Submission – Note: You will need Adobe Acrobat version 8.0 or higher.

- Read Agreement
- Fill out the fields in Adobe Acrobat
- Digitally sign the document in Acrobat (pg. 3)
--> *Click on digital signature field and follow prompts*
- Save document to your desktop
- Email saved document to your Director, Administration and Finance or Primary Authorize

Director, Administration and Financer/Primary Authorizer should click on the digital signature field on page 1 and follow the prompts.

Director, Administration and Finance/Primary Authorizer should save the signed document and email it to travelsupport@mit.edu.

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Name on the Department Card: _____
(No more than 19 characters)

Name on the card: _____
First Middle Last
(No more than 19 characters)

Cardholder Information:

Bldg/Rm #: _____
E-mail Address: _____
Mailing Address: Mobile Phone: _____
MIT ID #: _____

Monthly Limit: \$ 10,000

Additional notes for MIT Card Administrator:

Travel expenses will be posted to the appropriate cost object after the expense report is submitted in Concur, MIT's online expense reporting system, within 60 days of completion of trip.

Cost object: _____

Note: The cost object must be a non-sponsored account. If a transaction is not processed within 120 days from completion of trip, this cost object will be used to charge expenses.

Assignment of responsibility:

(Director, Administration and Finance/Primary Authorizer)

Print Name _____

Signature: _____

Date: _____

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Assignment of Delegate Access:

Would you like to designate anyone as an expense delegate for this Travel Card and for your Concur profile? Your expense delegates will have access to your Concur profile to submit, view, and edit Travel Card charges and expense reports. To provide access to a delegate, please list their full name and email below:

NAME	EMAIL
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Assignment of Reporting Rights:

Would you like additional individuals to have reporting rights to the expenses charged to this Travel Card? Individuals with reporting rights will be able to view and reconcile charges made to this card. If you would like to give reporting rights to others, please list their full name and email below:

NAME	EMAIL
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

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I, _____ ("Cardholder"), agree upon receipt of the Massachusetts Institute of Technology Travel Card to the following conditions regarding my use of the MIT Travel Card issued in my name.

1. I understand that by using the MIT Travel Card I will be making financial commitments on behalf of MIT and that MIT will be liable for all purchases made with the MIT Travel Card.
2. I understand it is in MIT's interest to obtain the best value for MIT when making travel arrangements and/or services with the MIT Travel Card.
3. I agree to use the MIT Travel Card **only for authorized business travel expenses** and in the appropriate manner, as defined in the MIT Travel Policy. I understand that MIT and MIT-approved agents may monitor and audit my MIT Travel Card use at any time. I understand that if I make a personal purchase with the MIT Travel Card, I am required to reimburse MIT within 30 days of completion of a trip. For the first occurrence of personal or other non-reimbursable expenses, I will receive a warning that MIT credit cards may not be used for personal or other non-reimbursable expenses and that immediate repayment is required. If personal or other non-reimbursable expenses are not repaid within 30 days of the warning, my Travel Card will be canceled. For the second occurrence of personal or other non-reimbursable expenses, my card will be canceled. Any and all fraudulent activity will result in immediate card cancellation and additional consequences (which could include termination of employment and notification to law enforcement).
4. I agree to adhere to the specific expense reporting policies in the [MIT Travel Policy](#) as summarized in Section 2.03 and Section 5.03, and I am aware that failure to submit travel expense reports in a timely manner will lead to the suspension and eventual cancellation of the MIT Travel Card. I understand my responsibilities as a Traveler with regard to the specific reporting requirements set forth below:
 - a. Travelers must retain and submit original itemized receipts for all expenses in excess of \$75.
 - b. Receipts are required for all expenses that include the purchase of alcohol, no matter what the cost.
 - c. Travelers are required to submit a travel expense report via Concur, MIT's online expense reporting tool, within 60 days after the completion of a trip. Failure to submit a travel expense report more than 120 days following a trip will result in card suspension. If no travel expense report is filed at 150 days, the Travel Card will be canceled.
5. If my MIT Travel Card is lost or stolen, I agree to contact VPF Travel and Card Services immediately at travelsupport@mit.edu or 617-253-8360 during business hours, or Bank of America at 888-449-2273 during non-business hours. I understand that my card will be replaced within 24 hours.
6. I have read these terms and will abide by all the requirements set forth herein.
7. By my signature below, I acknowledge that I have read and understand my obligations under this Agreement, and agree to be bound by its terms as a condition of use.

Applicant Signature: _____

Date: _____

Print Name: _____

Department: _____