



# Commercial Cardholder Agreement

P-Card

Travel Card

The Community College of Aurora (CCA) is pleased to provide you with a Citibank Visa Card, either known as the Travel Card or Purchase Card (P-Card), depending on which you applied for. This Card represents CCA’s trust in you as a responsible employee and is issued to you in consideration for your agreement to safeguard State funds and to make State business decisions and arrangements consistent with all applicable rules and policies and as set forth herein.

I, \_\_\_\_\_, agree that upon receipt of a CCA Card, I shall comply with the terms and conditions of State, Colorado Community College System, CCA fiscal guidelines, this agreement, and the CCA Travel or Purchase Card User Manual provided to me, and any subsequent revisions to any of the foregoing. I acknowledge completion of the Card training and receipt of the Manual. I have read and understand the provisions of training and the Manual.

As the cardholder, I agree to accept responsibility for the protection and proper use of the Travel Card as outlined in this agreement and all relevant rules and policies. I further agree to:

- (1) Use the Card **only** for the purpose of paying vendors for allowable purchases of goods for official state business
- (2) Not use the Commercial Card for personal purposes
- (3) Not allow others to use the Card
- (4) I shall protect the Card at all times to prevent its unauthorized use
- (5) Verify the charges on the Commercial Card and to submit such charges for approval, dispute and/or fraud processing
- (6) I shall obtain a Travel Authorization, in advance of executing purchases, where applicable

I understand and agree that CCA will audit the use of the Travel or Purchase Card. I further understand that CCA is liable to Citibank VISA for all charges made by me and that any unallowable charges made by me are the liability of CCA and are subject to personal liability. I understand that, in the case of my willful or negligent default of my obligations under this agreement, CCA may take any action, in accordance with State Personnel Board rules and other applicable law, for the recovery of unpaid amounts, and/or the imposition of appropriate corrective or disciplinary action permitted under the State Personnel Board rules and other applicable law.

If the Commercial Card is lost, stolen, or compromised in any manner, I shall immediately advise Citibank **(1-800-248-4553)** for cancellation purposes, my Approving Official, and the proper Commercial Card Program Administrator. Furthermore, upon notification of my transfer from CCA, change in duties, termination of employment, suspension, or cancellation of my Card privileges, I agree to return this Card to the proper Commercial Card Program Administrator for immediate cancellation.

### Cardholder

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Approving Official

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Dean (If Applicable)

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Program Administrator

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_