

# Air Card Agreement (ACA)



Payment and Procurement Services • Travel

## AGREEMENT FOR USE OF DEPARTMENTAL AIR CARD

By my signature below, I agree to the following terms restricting the use of the TWU Departmental Air Card:

1. I understand that I am requesting authorization to use the Air Card issued to my department.
2. I understand that the Department Air Card can NEVER be used to make personal or non-work related purchases, either for myself or others. I understand that making such unauthorized purchases will result in CANCELLATION of the departmental card as well as investigation that could have ramifications affecting my continued employment with the University.
3. I understand that all required documentation MUST be provided to the Controller's Office by the 20<sup>th</sup> of the month (for charges appearing on the billing cycle that closes on the 10<sup>th</sup> of the month).
4. I understand that failure to complete the reporting requirements will result SUSPENSION or CANCELLATION of the Air Card.
5. I agree to advise the Travel Coordinator in the event I transfer to another department, or upon termination of my employment.

## AUTHORIZATION/ACKNOWLEDGEMENT

\_\_\_\_\_  
Primary Administrator Name

\_\_\_\_\_  
Department

\_\_\_\_\_  
Primary Administrator Signature

\_\_\_\_\_  
Secondary Administrator Name

\_\_\_\_\_  
Department

\_\_\_\_\_  
Secondary Administrator Signature

\_\_\_\_\_  
Dept Head Authorization Name

\_\_\_\_\_  
Dept Head Authorization Signature

## TWU OFFICIAL USE ONLY

I certify that I received the Departmental Card on the date indicated below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type of ID presented

\_\_\_\_\_  
Card Released By

I certify that I have verified the employment status of the administrators named above.

\_\_\_\_\_  
Signature