



# Travel Card Request & User Agreement Form



**New Card Request**

**Change Request** *(Complete applicable fields)*

## General Information:

Employee Name: \_\_\_\_\_

Department: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Org Code (5 digits): \_\_\_\_\_ ND ID (9xxxxxxx): \_\_\_\_\_

Net ID: \_\_\_\_\_ ND Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN (last 4 digits): \_\_\_\_\_

## Mailing Address for Card Delivery:

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Mailing Address for Monthly Statements (if different than above):

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Monthly Spending Limit Requested (check one):

\$2,500    \$5,000    \$10,000    \$20,000    If > \$20,000, request amount and explain below: \$ \_\_\_\_\_  
*(Default)*

## Cash Advance Option (\$500/month default):

*Please explain business purpose for cash advance feature:*

*If a higher limit than the \$500/month default is required, please explain need below (required by Chase):*

## User Agreement (Please read and sign the back of this document):

Participation in the University of Notre Dame Travel Card Program is a convenience that also carries cardholder responsibilities. As a recipient of a University Travel Card I agree to comply with the following rules regarding usage of the card.

1. I understand that this card is intended for University of Notre Dame business travel expenses only and is **not intended for personal use**.
2. I understand that all charges resulting from use of the card are my sole financial responsibility.
3. I understand that payment for all charges on the card are due in full with each monthly billing. I further understand that I am responsible for the accrual of any late fees or interest charges which may result from untimely payment of the full balance each month.
4. I understand that the IRS 60-Day Rule for Accountable Plan Reporting does not supersede my responsibility to pay all charges in full with each monthly billing. I am aware that compliance with the IRS 60-Day Rule for Accountable Plan Reporting requires me to submit my expense compensation within 60 days so that any such reimbursement will not be treated as compensation and thus subject to possible taxation.
5. I agree to indemnify the University of Notre Dame for any loss resulting from misuse, unauthorized use, or my failure to pay balances when due. I understand that any unpaid balance that could result in a write off against the University of Notre Dame from JPMorganChase may be recovered by the University through any means available to it under the law.

6. I agree to return the card to the University's travel card administrator upon request or upon termination of employment (including retirement). Alternatively, I may inform the administrator of my termination of employment to enable the administrator to process the card's cancellation. I agree not to use the card for after my termination of employment.
7. I understand that termination of my card privileges by JPMorganChase or by the University of Notre Dame does not relieve me of my financial responsibility for payment of any charges to my card, including unpaid balances, late fees, or interest charges.
8. I agree that if my employment terminates before the University of Notre Dame has reimbursed me in full for my authorized travel expenses, the University of Notre Dame may pay JPMorganChase directly the amount of my unreimbursed authorized travel expenses and seek reimbursement from me for any unauthorized travel expenses paid on my behalf.
9. I understand that enrollment in the JPMorganChase rewards program is optional and that I am responsible for the payment of any costs associated with membership of such rewards program.
10. I understand that I am responsible for ensuring that the travel card and its card number are protected from theft or loss. In the event of loss, theft, or improper use of my card or card number, I agree to immediately notify JPMorganChase and the University's travel card administrator.
11. I have read and agree to comply with the travel policy and requirements for the travel card usage. Failure to comply with the travel policy and/or requirements for the travel card usage may result in termination of my card privileges by the University of Notre Dame or JPMorganChase.

Cardholder Signature \_\_\_\_\_

Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_

Date \_\_\_\_\_

Supervisor Name (printed) \_\_\_\_\_

**Please return this form to Procurement Services:**

By Mail: 709 Grace Hall, Notre Dame, IN 46556

Or by Fax: 574-631-8445

Or by Email: Help Desk at [travel@nd.edu](mailto:travel@nd.edu)