

Virginia State University
Policies Manual

Title: Corporate Travel Card Program Policy

Policy: 5503

Purpose

The intent of this policy is to ensure that the faculty and staff of Virginia State University utilize the Travel Card in a fiscally responsible manner in accordance with state guidelines.

Authority, Responsibility and Duties

The VSU Purchasing Director administers the travel card program. Purchasing Travel Card Administrator is responsible for issuing travel cards and monitoring card usage for compliance with this policy and Department of Accounts procedures.

Definitions

- a. Travel Card: University-issued credit card allowing faculty and staff to travel on University- related business at no charge to their personal funds.
- b. Card Administrator: University Purchasing employee assigned by the Purchasing Director to administer the program.
- c. Card Company: Contractor providing banking services related to the use of the card.

Policy Statements

The travel charge card program is a means for University employees (employees who travel overnight at least twice per year are eligible for cards) to charge reimbursable travel and related expenses while on official state business. The cardholder is responsible for all charges incurred and for the prompt payment of the monthly bill. Employees are to use the card for valid travel related expenses and submit proper documentation for reimbursement.

- a. Limitations on Card Usage
 1. Use of the travel card for cash advances and/or personal expenses is strictly prohibited.
 2. The travel card may be used for securing travel via air/rail fare. The University will pay for University-related air/rail fare as an alternative to the employee having to assume this expense because of the lead-time between ordering tickets and the actual travel date.
 3. If a traveler purchases his/her own ticket via the Internet or with an agent, they must keep their boarding pass as proof of payment. Priceline, Expedia, Orbitz and Travelocity are the only Internet providers recommended by the Commonwealth.

b. Reimbursement Process

Prior to a trip, all anticipated expenses should be listed on a Request for Travel Authorization form (Exhibit #2). After approval from the supervisor, this form should be forwarded to the Purchasing Office for processing. Charges placed against the card without a properly approved Travel Authorization may not be honored by the University.

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c. Payment Obligation

The travel card is issued in the employee's name. The University is not liable in the event of non-payment of charges by the employee. The card company requires the cardholder to make full payment within 30 days of the monthly billing statement cut-off date, which is usually the 15th of each month. Accounts that are thirty-one (31) days delinquent will be suspended until paid in full. Accounts that are sixty-one (61) days delinquent will be permanently cancelled. VSU will deduct from an employee's payroll and/or leave balance check any amount that exceeds sixty-one (61) days in delinquency or upon termination of an employee from the University.

d. Lost or Stolen Card

If the travel card is lost or stolen, the cardholder must report the loss to the card company and the Card Administrator. The cardholder should request a replacement card if he/she continues to need it for business travel. A replacement card will be mailed by the card company within 1-2 business days. Upon prompt notification to the card company, the cardholder will have no liability for charges made after a card has been reported lost or stolen.

GE Mastercard	1-866-834-3227
Program Administrator	1-804-524-5117

e. Improper Usage

1. Improper use of the travel card includes, but is not limited to:

- Personal purchases not incidental to a business purpose, such as memberships, registration fees, movies, utility bills, home and garden supplies, alcoholic beverages, towing services, etc. The travel card must not be used to circumvent the procurement procedures of the University or the Commonwealth of Virginia.
- The travel card is not to be used for purchasing goods or services for agency use, but for State travel related expenses only. Examples of improper use of the card are office supplies, Kinko's, Costco, Wal-Mart, FTD conference materials (i.e. cups and mugs w/logo, business attire, books, umbrella, etc.). The Travel Charge Card should not replace the Small Purchase Charge Card.
- Failure to pay the bill in full by the due date.

2. Improper usage will result in the following measures:

- First violation: Notice to the cardholder and supervisor outlining the violation.
- Second violation: Report of the incident to the Cardholder's Division Manager/Department Head, Internal Audit Department and appropriate Vice President.
- Third violation: Closing of the account, in which case the administrator will notify the cardholder's supervisor who will be responsible to ensure the full payment of the account balance is made and collecting the travel card. Disciplinary action including, but not limited to, possible termination of employment may also result.

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f. Card Termination

The card shall be terminated under any of the following conditions:

1. Cardholder is no longer employed by the University.
2. Employee goes on leave of absence without pay for a month or longer.
3. Consistent delinquent payment or returned check history.
4. Consistent pattern of non-compliance.
5. Inactivity for more than nine months.

It is the responsibility of the Card Administrator to retrieve the travel cards from employees at termination or card revocation and destroy the card (preferably in the employee's presence). The Card Administrator will complete the necessary steps to close the account immediately upon termination or cancellation.

References

Virginia Department of Accounts CAPP Manual, Topic No. 20336 – “Agency Travel Processing – Travel Charge Card”

Exhibit #1: “Card Application”

Exhibit #2: “Request for Travel Authorization Form”

Exhibit #3: “Travel Reimbursement Voucher”

Exhibit #4: “Commonwealth of Virginia Corporate (Travel) Card Employee Agreement”

Approved by: Eddie N. Moore, Jr., President

Date: December 13, 2006

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Exhibit 1

GE MasterCard Corporate Payment Services
MasterCard Corporate Card Application
ALL INFORMATION REQUIRED

Employee: Please print clearly and completely. Incomplete applications cannot be processed.

Cardholder's Name (First, Middle Initial, Last)	Social Security Number (Security Code)
Street Address	Home Phone Number ()
City, State, Zip Code	Business Phone Number ()
E-mail Address	Date of Birth (Required by Federal Patriot Act)

CARD HOLDER AGREEMENT (PLEASE READ PRIOR TO SIGNING)

I request that GE Capital Financial Inc. issue a Corporate GE MasterCard (Corporate Card) to me. I understand and agree that the Corporate Card must be used only in accordance with the GE Capital Financial Inc. Corporate cardholder agreement (the "Cardholder Agreement") to be provided with the Corporate Card and with the Travel Policy of the Commonwealth of Virginia sponsoring this card program (the Company"). I agree to surrender the Corporate Card and discontinue use immediately upon request or upon termination of my employment for any reason. I agree to be bound by the Cardholder Agreement and I will sign the Corporate Card as soon as I receive it. My use of the Corporate Card will also indicate my acceptance of the Corporate Card and the terms of the Cardholder Agreement. I understand that any use of the account number without the Corporate Card, however initiated, shall also be deemed to be use of the Corporate Card and acceptance of the Cardholder Agreement.

I understand and agree that the Corporate Card is only for authorized business purposes of the Commonwealth of Virginia and not for personal, family or household purposes. I am solely responsible for payment of the card regardless if I have received reimbursement.

I understand and agree that all information relating to me and/or my Corporate Card Account may be shared with the Commonwealth of Virginia to assist them in maintaining their records, managing business related expenses and coordinating collection efforts, among other things. I understand and agree that this information will not be kept confidential from the Commonwealth of Virginia.

Federal law requires us to obtain, verify, and record information that identifies you when you open an account. We will use your name address, date of birth and tax identification number for this purpose.

Cardholder Signature Signed	Date
Supervisor Signature	Date

To be filled out by the Program Administrator

Agency Name : Virginia State University	Agency Number: 212	
Credit Limits: 5,000.00 (*not to exceed \$5,000 w/o DOA approval)	Fixed Cash Limit: 0 (*not to exceed \$500 w/o DOA approval)	
Cardholder Profile - Retail Limits (please check one) Cannot exceed \$500 w/o DOA Approval		
<input checked="" type="checkbox"/> \$0 (COV0000)	<input type="checkbox"/> \$50 (COV0050) <input type="checkbox"/> \$250 (COV0250) <input type="checkbox"/> \$500 (COV0500)	
Hierarchy Level:		
Level 1: 03000	Level 2: _____ Level 3: _____	
Program Administrator – Authorizing signature for card issuance		
Program Administrator Name (first, Middle Initial, Last) Monique D. Robinson	Office Number (Area Code, Phone Number) 804-524-5117	Email Address : mrobinso@vsu.edu Fax Number 804-524-5299
Program Administrators Signature	Date Signed	

Internal use only

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Bank#:	Agent#:	Company#:
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Exhibit 2

Purchasing Office, Box 9214
Invoice Processing, Box 9075

**VIRGINIA STATE UNIVERSITY
REQUEST FOR TRAVEL AUTHORIZATION
COMPLETE THIS FORM IN ITS' ENTIRETY**

Name of Traveler _____ Title Applicant SSN _____
 Department _____ Box No. _____ Telephone No. _____
 Destination or Itinerary _____
 Departure _____ Return _____
 (Date) (Time) (Date) (Time)

Explain purpose of trip (include dates of meeting, convention, institute, etc.). Please attach all supporting documentation for requested travel.

Estimated Expenses (When possible, please provide exact amounts.)

Registration Fee	\$ _____	1224
• Lodging (specify) _____ For all lodging over the per diem rate – a Letter of Exception MUST be attached	\$ _____	1227 or 1285
• Meals (number _____)	\$ _____	1227 or 1288
• Transportation:		
Private Personal Car ()	\$ _____	1282
State Car ()	\$ _____	1284
• Airplane ()	\$ _____	1227 or 1283
Other (specify) _____	\$ _____	
• Tolls	\$ _____	1227 or 1285
• Parking Fees	\$ _____	1227 or 1285
TOTAL AMOUNT OF REQUEST (*)	\$ _____	

All travel associated with training attendance should be charged to 1227.

Travel Advance Requested: Yes () No () Amount \$ _____ G/L _____ -1342

(Attach a Completed Check Request for Travel Advance)

Charge Travel Expenditures to FRS+ Account Number: _____

Signature of Traveler Title Date

Signature of Direct Supervisor Title Date

THE FOLLOWING SIGNATURES ARE REQUIRED ON ALL TRAVEL OVER \$500 and Out of the Country Travel

Provost or Vice President Date

President Date

IMPORTANT - * Reimbursement NOT to exceed original request

Please state arrangements made for classes or other responsibility _____

Requests for travel advances MUST be received in the Invoice Processing Department 14 days prior to the date the check is needed. Repayment of advance is required within 30 days from the date of issuance of the advance.

For Group Travel Arrangements: A complete list names for each person traveling MUST be attached to this form

TO BE COMPLETED BY THE TRAVEL COORDINATOR, PURCHASING OFFICE

Travel Coordinator Date

Travel Order No. American Airline No. Motor Pool No.

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Approved for Payment

Revised 7/01/00

Exhibit 3

TRAVEL EXPENSE REIMBURSEMENT VOUCHER

DEPARTMENT, INSTITUTION, OR AGENCY

PREPARE WITH INK OR TYPEWRITER. USE ADDITIONAL SHEETS WHEN NECESSARY

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Vendor ID: T - _____ Suffix: _____

PERSONAL VEHICLE USE STATEMENT - STATE EMPLOYEES ONLY

PERSONAL VEHICLE - COST BENEFICIAL TO THE STATE - PERSONAL MILEAGE RATE

STATE VEHICLE - NOT AVAILABLE OR ACCESSIBLE - PERSONAL MILEAGE RATE

STATE VEHICLE - AVAILABLE OR NOT REQUESTED - FLEET RATE

I HEREBY CERTIFY THAT EXPENSES LISTED BELOW WERE INCURRED BY ME ON OFFICIAL BUSINESS OF THE COMMONWEALTH OF VIRGINIA AND INCLUDE ONLY SUCH EXPENSES AS WERE NECESSARY IN THE CONDUCT OF BUSINESS.

STATE EMPLOYEE? YES NO

SIGNATURE OF TRAVELER _____ DATE _____

TITLE _____

I HEREBY CERTIFY THAT THE TRAVEL UNDERTAKEN IN THIS REIMBURSEMENT VOUCHER HAS BEEN REVIEWED AND APPROVED AS NECESSARY FOR THE CONDUCT OF BUSINESS OF THE COMMONWEALTH.

1. DATE	2. DATE AT WHICH EXPENSE WAS INCURRED. BETWEEN WHICH TRAVEL WAS NECESSARY, TRANSPORTATION USED AND MILEAGE WED. EACH DAYS EXPENSES MUST BE SEPARATELY.	3. MILES TRAVELED	4. MILEAGE	5. AUTO EXPENSE (ITEMIZE IN SECOND COLUMN)	6. MEAL PER DEIM AMOUNT	7. LODGING	8. OTHER (ITEMIZE IN SECOND COLUMN)	AMOUNT
2003								0.00
								0.00
								0.00
		0						0.00
		0						0.00
		0						0.00
		0						0.00
I certify all computations are correct and that all necessary and required receipts are attached. Initial _____		TOTALS	0.00	0.00	0.00	0.00	0.00	0.00

VOUCHER NUMBER	DATE(MMDDYY)	TOTAL SHEET 2	0.00
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PURPOSE OF TRIP

<input type="checkbox"/> CONFERENCE	<input type="checkbox"/> PRESENTATION	<input type="checkbox"/> EXTRADITIONS
<input type="checkbox"/> ATHLETICS	<input type="checkbox"/> INVESTIGATIONS	<input type="checkbox"/> FIELD WORK
<input type="checkbox"/> RECRUITMENT	<input type="checkbox"/> EDUCATION	<input type="checkbox"/> OTHER (EXPLAIN)

GRAND TOTAL 0.00

AMOUNT ADVANCED 0.00

Payment/(Due to Agency) 0.00

TRANS	AGENCY	GLA	FUND	FFY	PROGRAM	OBJEC T	REVENUE	AMOUNT	PROJECT			
			FUND	DET	2003	PROG	SUB	ELE	SOURCE	PROJECT	TK	PH
COST CODE	FIPS	PSD	AGENCY REFERENCE			INVOICE			DUE DATE	REFERENCE DOC		
									MM DD YY	NUMBER	NUMBER	SX
DESCRIPTION			CURRENT DOCUMENT			SUBSIDIARY			MULTI-	1099	CHECK IF	

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	NUMBER	SX	ACCOUNT	PURPOSE	
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CONTINUATION SHEET ATTACHED

Exhibit 4

**Commonwealth of Virginia Corporate (Travel) Card
Employee Agreement**

I, _____, acknowledge receipt of a GE MasterCard Corporate Travel Card. As a Cardholder, I agree to comply with the following terms and conditions regarding my use of the Card.

1. I understand that I am being entrusted with a valuable tool in which I use to obtain travel related services and will be making financial commitments on behalf of myself and will strive to obtain the best value for the agency.
2. I understand that I am liable to GE MasterCard for all authorized charges made on the Card.
3. I agree to use this Card for official state business travel only and agree not to charge personal purchases. I understand that my agency will review the use of this Card and the related management reports and take appropriate action on any discrepancies.
4. I will follow the established procedures for the use of the Card. Failure to do so may result in either revocation of my privileges or other disciplinary actions, including termination of employment.
5. I agree to return the Card immediately upon request or upon termination of employment (including retirement). Should there be any organizational change that causes my cost center to likewise change, I also agree to return my Card and arrange for a new one, if appropriate.
6. If the Card is lost or stolen, I agree to notify the Travel Program Administrator and GE MasterCard immediately.
7. I understand that VSU will deduct money from my employee payroll and/or leave balance check if my card is sixty-one (61) days delinquent in payment and/or upon termination from the University

Employee Signature/Date Agency and Cost Center

Supervisor's Signature Date

Program Administrator's Signature Date