

**STATE OF MARYLAND
CORPORATE PURCHASING CARD PROGRAM
TRAVEL ACCOUNT HOLDER AGREEMENT FORM**

I, _____, hereby request a Corporate Purchasing Account for travel coordination purchases only. As the agency travel coordinator, I agree to comply with the following terms and conditions related to the use of the account:

1. I understand that I am being delegated the authority to coordinate the purchase of travel services on behalf of my agency using a State of Maryland Corporate Purchasing account number.
2. I agree that this account will be used for approved travel purchases only and, further, that my agency will not charge any personal purchases to this account. All purchases must be made in accordance with applicable laws, Code of Maryland Regulations (COMAR) or USM Policies and Procedures, and the State of Maryland Corporate Purchasing Card Program Policy and Procedures Manual. I understand that my failure to follow established procedures may result in disciplinary actions including loss of leave time, suspension and/or termination of employment, fine, and/or criminal prosecution against any employee who misuses the assigned travel card account.
3. I agree to take the appropriate action to ensure that inappropriate use of the account is immediately reported to the bank and agency PCPA. Any employee misusing the account is subject to paragraph 2 above.
4. If the travel account number is compromised, lost, or stolen, I agree to immediately notify USbank and the Purchasing Card Program Administrator.

STATEMENT OF COMPLIANCE

I certify that my agency shall purchase travel services in accordance with applicable COMAR or USM Policies and Procedures, State laws and State of Maryland Corporate Purchasing Card Policy and Procedures Manual.

Employee's Signature/Date

Agency and Cost Center

Employee's Social Security Number

Agency Address

Manager's Signature/Date

Agency Fiscal Officer's Signature/Date

Purchasing Card Program Administrator's
Signature/Date