

**STATE OF UTAH
AGREEMENT OF PROPER USE OF THE
BUSINESS TRAVEL CARD**

I _____ hereby acknowledge the rules regarding the use of the UMB Bank, N.A. Business Travel Card.

In consideration of the State of Utah obtaining the card and providing it to me to be used for official State business only, I agree to the following:

1. **I understand the Business Travel Card can only be used for authorized State travel business and is not to be used for any personal use. Misuse of the card may be subject to disciplinary action. (FIACCT 10-03.00 C.)**
2. I will use the Business Travel Card only for hotels and car rentals, and other reimbursable official State business related travel expenses, such as meals, books, and registration fees. I understand the Business Travel Card is not to be used for non-travel business expenses, such as the purchase of cell phones or home internet charges. I understand ALL airline tickets must be charged to the Agency Business Travel Account and not on the Business Travel Card.
3. I will promptly submit travel reimbursement requests for the official State business related travel expenses charged to the Business Travel Card.
4. I understand that UMB Bank, N.A. will bill me monthly for all charges made to the Business Travel Card and that I will be personally responsible for paying all charges.
5. I will pay all charges, in full, shown on my UMB Bank, N.A. monthly billing statement promptly within the payment due date. I understand that I am personally responsible for this account should it become delinquent, including all charges and any late fees or penalties.
6. I understand that my Business Travel Card privileges may be suspended or canceled if I am delinquent in paying UMB Bank, N.A. **Should I fail to pay the full obligation to UMB Bank, N.A., the Department may, at management's discretion, pay any unpaid and delinquent charges and collect the debt from me pursuant to DHRM Rule R477-9-5(1)(d)(ii).**
7. I will promptly return the Business Travel Card to the State if requested to do so or if my employment with the State is terminated, or if I transfer departments. If termination or transfer occurs, I will promptly pay all remaining charges on my account.

Employee Name & Signature

Date

Original is to be sent to the Division of Finance
A copy will be placed in the employee's personnel file