



Research Foundation Travel Card Agreement

General Information:

Name: _____

Email: _____

Location & Department: _____

Work Phone: _____

Mailing Address for Monthly Statements:

Street: _____ City: _____ State: _____ Zip: _____

User Agreement (Please read and sign the bottom of this agreement):

I, the undersigned, understand that my use of a Research Foundation Travel Card (a "Card") is subject to my execution of and compliance with the terms and conditions set forth in this Research Foundation Travel Card Agreement. As a user of a Card, I understand that I am entitled to be reimbursed by The Research Foundation for The State University of New York (the "RF") for charges to the Card made by me in the performance of my duties for the sole purpose of remitting such payment to the Card vendor. However, in order to be permitted to use a Card and receive such reimbursement, I understand, acknowledge and agree that my use of the Card is subject to each of the following conditions and requirements and hereby agree to comply with the same:

- I accept full responsibility for the safekeeping of the Card assigned to me, and that absolutely no one, other than myself is permitted to use the Card assigned to me.
- I understand that this Card is intended for RF business travel expenses only.
- I understand I am responsible for all charges resulting from my use of the Card.
- I understand that payment for all charges on the Card are due in full with each monthly billing and 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.
- I understand that I may be required to repay the RF for any loss resulting from my failure to pay balances when due or any misuse, or unauthorized use of the Card by any other person as a result of my negligence.
- I agree to return the Card to the RF upon request, termination of Card privileges, or at or before the end of my employment and to pay all outstanding balances.
- I agree to immediately notify Bank of America at (888) 449-2273 and the RF Travel Card Administrator at (518) 434-7032 if my Card is lost or stolen.
- I agree that I have reviewed the RF Travel Handbook and the requirements therein and that failure to comply with those requirements and the terms above may result in termination of my Card.

Cardholder Signature: _____ Date: _____

Please return this form to the RF Card Program Administrator:

By Mail: PO Box 9, Albany, NY 12201 Or by Fax: (518) 434-8347 Or by Email: BOAmailbox@rfsuny.org