Concur CTS (GHOST) APPLICATION

Arkansas Shared Administrative Services – Office of State Procurement

If you have any Accounts Payable duties or functions, a CTS Account will not be issued

Section A – Applicant Information Please Print Legibly *Required Fields

Name of New CTS Account* **(21-character limit)**		
Primary Employee Name (Custodian Making Charges on Account) * First MI Last	Email Address*	Personnel Number *
Secondary Employee Name (Custodian Making Charges on Account) * First, MI, Last	Email Address*	Personnel Number *

Business Mailing Address*	City*	State AR	ZIP Code*	Area Code - Business Telephone*
Does applicant currently have a card or access? * ◯ Yes ◯ No		Does either Custodian have Accounts Payable roles? If so, applicants cannot be a cardholder. ◯ Yes ◯ No		

Section B – Agency Accounting Information

This section is to be completed by an authorized Agency Program Liaison. *Required Fields

Business Area*	Agent –4 digits *	Company – 5 digits *	Division (if applicable) – 5 digits	Department (if applicable) 4 digits
CTS Managing Account Name*			CTS Managing Account Number 16 digits*	
Monthly Requested Limit (Limits > $20,000 require additional approval) *			Single Purchase Limit (If monthly purchase limit > $20,000 we recommend single purchase limit of < $20,000) *	

Section C – Employee Understanding/Signature *Required Signatures

Employee applicant requests that he/she be issued US Bank Visa CTS Card. In consideration of this issuance and the use of US Bank CTS Card, the employee applicant and State agree to be bound by the US Bank Cardholder Agreement accompanying the card as amended by US Bank from time to time, for all charges incurred by the use of the card or the related account. Creditor is US Bank National Association ND.

I, the undersigned employee, understand that this account is to be used for **official state travel** pursuant to State Travel Regulations found at https://www.dfa.arkansas.gov/office/travel-portal/credit-cards/ The State is liable and responsible for payment of the bill in full each month. As a primary and back-up account custodian, I agree to make no personal charges on the account. I further understand that if I abuse this privilege, the account may be cancelled by my issuing state entity or the Office of State Procurement.

***Primary Employee Signature:**	***Date:**	***Secondary Employee Signature:**	***Date:**
***Liaison Name:**	***Liaison Signature:**		***Date:**
***Approving Manager Name:**	***Approving Manager Signature:**		***Date:**

Section D –Exception -Credit Limit Required Signatures

Credit Limits $20,001 and above require approval from either the Agency Director, Chair if Board/Commission, or Dean if College/University

***Print Name:**	***Title:**	***Date:**
***Signature:**		

SAS CREDIT CARD SECTION ONLY	
Signature:	***Date:***

State of Arkansas

Travel Card/CTS Agreement

Check all that apply: ☐ Travel Card ☐ CTS Account

Printed Name: _____ Agency: _____

As an authorized and approved Arkansas Travel Card and/or Account Number holder, I fully understand and agree to the following terms and conditions regarding the use and safekeeping of the credit card(s) and/or account number(s) entrusted to me:

1. I have or will receive training on the Travel/CTS card policy and procedures.

2. I acknowledge that I do not have any accounts payable duties or functions; and that if I do my card privileges may be revoked.

3. I accept full personal responsibility for the safekeeping of the Travel Card and/or account number(s) assigned to me and that absolutely no one, other than me, has authority to use the card and/or account number(s) assigned to me or make charges on the card and/or account(s).

4. I acknowledge I will be making financial commitments on behalf of the State of Arkansas and will always endeavor to obtain fair and reasonable prices.

5. I will not charge family members travel expenses on my card and/or account(s), will not make personal food purchases on my card and/or account(s) without prior approval from the Office of Accounting.

6. I agree to use the Travel Card and/or account number(s) strictly for authorized, official state business. Personal or unauthorized purchases are prohibited. If any unauthorized charges occur, I am responsible for reimbursing the State of Arkansas (rather than the bank) for the amount, plus any associated collection fees, and taking all necessary steps to resolve the issue.

7. I will immediately report the theft or loss of the Travel Card and/or account number(s) to US Bank by phone at 1-800-344-5696 and my agency Travel Card Liaison. Failure to notify the appropriate authority of the immediate theft, loss, or the misplacement of the Travel Card and/or account number(s) will make me personally responsible for any fraudulent or unauthorized use.

8. I will surrender the Travel Card and/or account number(s) upon (a) my termination of employment with the State of Arkansas, or (b) retirement, or (c) transfer to another agency within the state, or (d) my supervisor or the OSP State Credit Card Manager requests surrender of my card(s).

9. I understand that I am responsible for obtaining all original detailed receipts and submitting them in accordance with my agency's policies and the Arkansas Travel Card Program's policies and procedures.

I understand that failure to follow any of the above listed terms and conditions or if found to have misused the Travel Card and/or account number(s) in any manner may result in (a) revocations of the privilege to use the card/account(s), (b) disciplinary action, (c) termination of employment, and/or criminal charges being filed with the appropriate authority. I hereby accept the above terms and conditions.

- This agreement includes all future types of accounts as a cardholder and/or account custodian.

Employee signature:_____Date signed_____

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