



UTSA One Card Application and Agreement Form

Instructions: Please submit for signatures through DocuSign and send the completed form to creditcards@utsa.edu.

APPLICATION INFORMATION

Name (First Middle Initial Last): _____		Employee ID: _____	
Email: _____		Cell #: _____	Work #: _____
Department: _____		Dept ID: _____	
College/Adm Division: _____		Executive Area: _____	
College/Administrative Division Mailing Address (will also be used as the credit card billing statement mailing address): _____ Bldg: _____ Room: _____			
Contact Name: _____		Email: _____	Phone: _____

NOTE: Contact must be someone other than the cardholder

CERTIFICATION / AGREEMENT TERMS

I am requesting issuance of a Citibank® Corporate Account (hereafter referred to as the UTSA One Card) to be used for travel and purchases for official UTSA business.

I agree that issuance and use of the UTSA One Card will be controlled and administered as follows:

- I understand that it is my responsibility to read and abide by the following: [One Card Program](#) financial guideline and all other UTSA guidelines, policies and procedures that govern the purchase of commodities and services. I agree to fully comply with these guidelines, policies, and procedures. I will not allow anyone else to use this card. I understand that Special Event privileges assigned to this UTSA One Card, are used for purchases of certain restricted commodities and must only be used for official UTSA functions and other official UTSA purposes.
- I understand the UTSA One Card will be used only for allowable expenses for authorized official UTSA business and never for personal use. Use of the UTSA One card for charges other than official state purposes is a direct violation of the State's contract with Citibank®, the State of Texas Charge Card Program and Texas Administrative Code §125.8.
- I understand that my failure to comply with the requirements associated with the use of the UTSA One Card can result in suspension of my card privileges and disciplinary action up to and including termination of my employment. I will review the CitiBank® monthly credit card statement for the UTSA One Card to assure all charges are authorized. I understand that my department is liable for UTSA charges, and I may be personally liable to UTSA for any unauthorized charges that are not reported to the bank within 60 days of the statement that includes the unauthorized charges.
- I understand that UTSA may limit the One Card privileges granted to me or terminate my rights to use the UTSA One Card at any time and without cause.
- I understand that the use of the UTSA One Card is subject to review under the Texas Public Information Act, and to audit and review by UTSA, independent auditors, and state, federal and other auditors and representatives.
- I agree to notify Credit Card Administration Office prior to UTSA or department transfer, separation, or if I am assigned to a new position that does not require the use of the UTSA One Card.
- I understand that it is my responsibility as a UTSA employee to use a Tax Exempt Certificate form when applicable in Texas.
- If my card is lost or stolen, I must immediately report this to Citibank®.
- Final determination of allowed MCCs and daily, weekly or monthly spending limits to the card I am issued will be made by authorized Financial Affairs management and or other criteria set forth in this application.
- I understand that UTSA will provide Citibank® with the last 4-digits of my EMPLID for identification purposes, including card activation.
- I understand that it is my responsibility to promptly activate my card, establish a Personal Identification Number (PIN), and register my card on CitiManager.

CARD INFORMATION

1. Will this card be used while traveling internationally?	Yes	No
2. Do you want to grant Authorized to Inquiry (ATI) access to another individual?	Yes	No

NOTE: If yes, complete the [Citibank® ATI form](#). ATI must be a UTSA employee.



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3. Purchasing Template? Yes No	4. Add Amazon Business to Purchases? Yes No
• Single Transaction Limit (cannot exceed \$5000*): _____	5. Add Special Events to Purchases? Yes No
• Monthly Credit Limit (standard limit is \$10,000*): _____	6. Cost Center for Special Events _____

*If requesting a different amount, see [Limits and Restrictions](#), sections of the [One Card financial guideline](#).

**Non-official occasion cost centers will need to be centrally approved. For consideration, please complete the [Addendum for Special Events](#) form and combine with your application as a PDF portfolio after all approvals are in place.

7. Travel Template? Yes No Monthly Credit Limit: _____

ATTESTATIONS

Applicant Attestation

I understand the above-stated policies, guidelines and consequences for using a State of Texas UTSA One Card and agree to abide by them.

Applicant Signature & Date: _____

Supervisor Attestation

I hereby authorize the applicant, listed above, for the use of a UTSA One Card. I understand that any/all inappropriate use of this card by the cardholder may result in disciplinary action, up to and including termination of the applicant's employment.

Supervisor Name: _____ Signature & Date: _____

Department Manager Attestation

I acknowledge that the Cost Center designated will provide sufficient funds for any and all charges made on the One Card issued to the applicant. I understand that Credit Card Administration will use the below cost center to charge any payments that have not been authorized by me prior to the internal deadline so that UTSA will pay Citibank® in a prompt manner as required by law.

I further acknowledge that the individual assigned the duty of auditing/reconciling the UTSA One Card monthly statement is responsible for attaining all back-up documentation.

Dept Mgr Name: _____ Signature & Date: _____

Default Cost Center*: _____ Cost Center Title: _____

*To be charged if payments are not completed by the monthly internal deadline. See [One Card Financial Guideline](#) for more information. Direct all questions to creditcards@utsa.edu

Post Award Administration Attestation

I hereby authorize the use of the above listed project(s) with this applicant's One Card for the purposes indicated to include special events if selected. If a project is designated as the default, you acknowledge that if the department fails to make payment for charges on the One Card, then DTS will use this project to pay the outstanding balance.

Name & Title: _____ Signature & Date: _____

CREDIT CARD ADMINISTRATION OFFICE USE ONLY

Default Cost Center/Project:	Fund:	Dept ID:	Function:	Avail Bud:
Official Occasions CC	Fund:	Dept ID:	Function:	Avail Bud:
MCC Templates:				App ID:
Hierarchy:				SPL:
Approved Denied Signature & Date:				Credit Limit:

Special Events Approval

Assistant Vice President Supply Chain/Designee