

The University of Texas at San Antonio

Corporate Liability Individual Billed Account (CLIBA)

Cardholder Application and Agreement Form

Applicant Information:

First and last name (to also appear on card): _____

Email: _____ Phone: _____ EMPLID: _____

College/ Administrative Division: _____ Executive Area: _____

College/Administrative Division Mailing Address (will also be used as the credit card billing statement mailing address):
Bldg: Room #:

Contact Name: _____ Phone: _____ Email: _____
Other than cardholder

I am requesting issuance of a Citibank® Corporate Liability Individual Billed Account (hereinafter referred to as **CLIBA Card**) for travel expenses associated with official university business. Travel expenses authorized to be charged are limited to standard Merchant Category Codes (MCCs) for authorized travel expenses as allowed by the State of Texas or other codes allowed by the university pursuant to official guidelines.

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

- I understand the **CLIBA Card** will be used only for **reimbursable official State of Texas business travel** and never for personal use. Use of the **CLIBA Card** for charges other than official State business is a direct violation of the State's contract with Citibank, the State of Texas Charge Card Program and Texas Administrative Code §125.8. Misuse may result in cancellation of the **CLIBA Card** and could subject the offender to disciplinary action up to and including termination of employment.
- I understand that it is my responsibility to read and abide by the provisions of the [Travel Cards](#) Financial Management Operational Guideline (FMOG).
- I will be responsible for assuring all charges on the **CLIBA Card** issued in my name are paid by the payment due date.
- I will review the monthly credit card statement to assure all charges are authorized. Unauthorized charges and/or billing errors will be formally disputed with Citibank and communicated to the PTCA (ProCard/Travel Card Administration) Credit Card Program Manager before the payment due date. If I do not initiate a payment in UTShare/PeopleSoft prior to the internal deadline, PTCA will remit payment in full using the default Cost Center identified in this application to assure compliance with the Texas Prompt Payment Law.
- Once I receive the **CLIBA Card**, requests for travel advances should be limited to meals, incidentals or other expenses for which the credit card is not accepted.
- If I use the **CLIBA Card** for charges incurred during an emergency situation (i.e., lost luggage, automobile repair on personal vehicle, etc.) that relates to official UTSA authorized business travel, I must immediately notify my supervisor and the PTCA Credit Card Program Manager in writing of the charges and provide an explanation.
- UTSA may request a copy of the **CLIBA Card** statement and receipts to verify card usage at any time. Further, all charges incurred are subject to review by the State Comptroller's Office and Open Records requests.
- I understand that upper management including the appropriate Vice President/President, Department Manager, and/or my direct supervisor will be notified in writing of any misuse of my **CLIBA Card** account.
- I understand that only the individual whose name appears on the **CLIBA Card** (embossed name) can complete in-person initiated charges and sign receipts. However, on-line or telephone initiated charges may be authorized on behalf of other UTSA travelers provided those charges are for official UTSA travel and allowable reimbursable costs as authorized in advance by a Request for Travel Authorization.
- 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 based on historical usage 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 also understand that I can contact Citibank and ask that a Personal Identification Number (PIN) be established to be used in lieu of the last 4-digits of my EMPLID.

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Card Information:

1. Do you anticipate traveling more than three times per calendar year? Yes _____ No _____

2. What are your anticipated maximum monthly travel expenses? _____

NOTE: This amount will be used to determine the daily, weekly or monthly spending limit associated with the CLIBA Card account.

3. Will this card be used to manage departmental travel? Yes _____ No _____

4. Will this card be used while traveling internationally? Yes _____ No _____

5. 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.

Certification:

Applicant Attestation: *I understand the above-stated policies, guidelines and consequences for using a State of Texas Travel **CLIBA 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 CLIBA Travel 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 & Title: _____

Department Name: _____

Signature & Date: _____

Department Manager Attestation: *I hereby authorize the applicant, listed above, for the use of a UTSA CLIBA Travel Card. I acknowledge that the Cost Center designated will provide sufficient funds for any and all charges made by the cardholder. I understand that ProCard/Travel 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 CLIBA Card monthly statement is responsible for attaining all back-up documentation.*

Department Manager Name & Title: _____

Signature & Date: _____

Default Cost Center*: _____

Default Cost Center Title: _____

*To be charged if payments are not completed by the monthly internal deadline. See FMOG – [Travel Cards](#) for more information. Direct all questions to the PTCA Office Credit Card Program Manager at (210) 458-7993.

PTCA Office Use Only

Credit Limit: _____ MCC Codes: _____ Hierarchy: _____

Approved By (print name): _____ Date: _____ App ID _____

Signature: _____ CFS: _____