

## Travel Credit Card Acknowledgement Form

As part of our web-based, integrated travel and expense management solution (Concur), Riverside Community College District will be issuing you a Bank of America Visa credit card specifically designated for travel-related expenses.

**By signing this form, you understand and agree that:**

**1. Authorized Use:**

- The traveler will be expected to use the Travel Credit Card in accordance with the Riverside Community College District's Board Policy and Administrative Procedures, including [BP/AP 5900](#)
- The Riverside Community College District Travel Credit Card is for approved travel expenses only. Personal use of the card is strictly prohibited.

**2. Expense Reporting:**

- You are required to retain itemized receipts and supporting documentation for each transaction made using the loaded card. These documents must be submitted promptly for expense reporting and reimbursement purposes. Failure to provide supporting documentation may constitute an unallowed activity and require personal reimbursement.

**3. Card Security:**

- You will be responsible for the safe keeping of the Travel Card issued to you and, if lost or stolen, will report its loss/theft immediately to Purchasing Department at [PurchasingTravel@rccd.edu](mailto:PurchasingTravel@rccd.edu)

**4. Card Termination:**

- The travel credit card remains the property of Riverside Community College District and must be returned upon termination of employment or upon request.

**5. Unallowed transactions:**

- The traveler will be personally liable for unallowed activity and will be required to reimburse Riverside Community College District. Unauthorized transactions are non-travel purchases, personal expenditures or unallowed items per Board policy.

**Your personal credit will not be affected by any use of the Travel Card.**

I hereby acknowledge that I have read, understood, and agreed to the terms and conditions outlined in this acknowledgment agreement. I also confirm that I will comply with all applicable policies and procedures related to the use of the travel card.

Print Cardholder/Employee Name: \_\_\_\_\_

Cardholder/Employee Signature and Date: \_\_\_\_\_

RETURN COMPLETED FORM TO [PurchasingTravel@rccd.edu](mailto:PurchasingTravel@rccd.edu)