



Los Angeles Unified School District
Procurement Services Group
Travel Card Program

TRAVEL ACCOUNT (T-CARD) AGREEMENT

By signing below, I certify that I am a current P-Cardholder for location # [redacted];

I agree to be the TRAVEL ACCOUNT (T-CARD) RECONCILER for this location, and that:

- I have reviewed the Guidelines for Conference Attendance as described in the PROCUREMENT MANUAL, and fully understand all T-Card policies and procedures.
I will review the charges that appear in the on-line reconciliation system to ensure the charges reflect the approved expenditures as indicated on the approved 10.12 Conference Attendance Approval form.
I will follow reconciliation procedures found in the Procurement Manual, reconcile all transactions and attach receipts in SAP for the billing cycle by 18th of the following month and monitor available funds balances.
I will reconcile all charges for conference attendance and related travel expenditures to G/L 520002 funding lines.
I understand that failure to reconcile conference and travel related expenditures to the 520002 G/L may result in suspension or cancellation of my locations' Travel Account privileges.
Requests made to book travel and to use the account number assigned to this location will be for official District business only and not for personal transactions.
I will keep any information regarding the Travel Account secure at all times, and immediately notify the Approving Official, and the Credit Card Program Unit of any suspicious or possible fraudulent use of the Travel Account.
I will act as a liaison to help individuals listed on the approved 10.12 make travel arrangements.
I will use Specially Funded Program funding lines only for appropriate conference and related travel expenditures, as defined in the Federal Guidelines and provide a detailed description when performing reconciliation of Specially Funded Program expenditures.
I will scan and upload copies of approved 10.12 forms, and all applicable receipts to the transaction record in SAP.
I understand and agree that I must notify my Approving Official and the Credit Card Program Unit, upon transfer to another location, separation from District employment, or cancellation of card privileges for any reason.
I will comply with all other policies and procedures in the PROCUREMENT MANUAL.
I understand that unauthorized use, misuse or fraudulent use of the Travel Account may result in disciplinary action and/or criminal prosecution, when warranted under applicable District procedures.

Cardholder Name: (print) \_\_\_\_\_ Location: \_\_\_\_\_ Local District : \_\_\_\_\_
Signature: [redacted] Email: \_\_\_\_\_ Employee # \_\_\_\_\_ Date: \_\_\_\_\_

APPROVING OFFICIAL AGREEMENT

By signing below, I certify that I am the current Approving Official for the cardholder named above, that I have reviewed the Guidelines for Conference Attendance as described in the PROCUREMENT MANUAL, that I fully understand all Travel Account policies and procedures and that:

- I will review the activity for all Travel Account expenditures, by the 21st of each month, and approve or otherwise follow up on all transactions.
I will ensure copies of the approved 10.12 and all applicable receipts are scanned and uploaded to the transaction record in SAP

I will ensure that the Travel Account Reconciler for whom I am responsible adheres to the following procedures and actions:

- Follows reconciliation procedures as described in the Procurement Manual and reconciles by the 18th of the month.
Reconciles the charges for conference attendance and related travel expenditures to G/L520002 funding lines with receipts attached.
Ensures all travel booked using the account number assigned to this location will be for official District business only and not for personal transactions.
Uses Specially Funded Program funding lines only for appropriate conference and related travel expenditures, as defined in the Federal Guidelines and provide a detailed description of expenditures when performing reconciliation of Specially Funded Program expenditures.
I agree to comply with and enforce all other policies and procedures enumerated in the PROCUREMENT MANUAL.

Approver Name: (print) \_\_\_\_\_ Location: \_\_\_\_\_ Local District: \_\_\_\_\_
Signature: [redacted] Email: \_\_\_\_\_ Employee #: \_\_\_\_\_ Date: \_\_\_\_\_