

STATE OF ARIZONA CENTRAL TRAVEL ACCOUNT (CTA) CUSTODIAN AGREEMENT

I, _____ understand and agree that,

1. **I hereby** **authorize** / **do NOT authorize (please check one)** my agency to provide the State Central Travel Account Contractor (SCTAC) with my social security number (SSN) and other personally identifiable information (PII). The SCTAC will use my SSN for the purpose of determining whether to issue me a Central Travel Account (CTA); the SCTAC may use other PII to comply with the requirements of the Office of Foreign Assets Control (OFAC). My cooperation with these requests is voluntary; I understand, however, failure to authorize disclosure of my SSN and other PII will result in the SCTAC's refusing to issue me a CTA Account.
2. The CTA (aka "ghost card") may be used to purchase authorized airfare, lodging (room rate, taxes and authorized surcharges only), conference registration and training fees, and car rental on behalf of employees in my agency traveling on official business for the State of Arizona.
3. The CTA shall not be used for purchases that are not related to State of Arizona travel. Any abuse is subject to disciplinary action up to and including dismissal.
4. The CTA shall not be used for any meals or incidental expenses, except meals that are included in the cost of conference or training registration fees.
5. I am responsible for monitoring all charges on the CTA that is assigned to me and for ensuring that the account number for the CTA is safeguarded and not accessible to anyone except those individuals in my agency to whom access has been authorized.
6. In the event that I am notified of or discover fraud or abuse of or with the CTA, I will notify my agency's Travel Card Program Administrator, the General Accounting Office or the Travel Card Program Contractor (TCPC) immediately.
7. I am required to keep adequate records (logs and receipts) for each charge made with the CTA in order to facilitate an efficient reconciliation process when the monthly CTA statement is received.
8. In order to ensure adequate separation of duties, as a CTA custodian, I cannot be responsible for the approval or payment of the CTA monthly statement. These functions must be performed by other employees in my agency.
9. I will work in cooperation with those employees in my agency who are responsible for reconciling and issuing payment to the TCPC to ensure that the monthly CTA statement is reconciled and paid in full within the required payment terms.
10. Upon my resignation, retirement, transfer to another State agency, or termination from State service, I understand that I am no longer authorized to incur any charges on my agency's CTA and that the State will take whatever legal steps necessary to recover any unauthorized purchases or payments made by me.

I have received, read and do understand and agree to comply with the State of Arizona Central Travel Account (CTA) policies and procedures, and as applicable, my agency's CTA policies and procedures.

Employee Signature

Date

Employee Name

ARIZONA

DEPARTMENT OF ADMINISTRATION
GENERAL ACCOUNTING

Central Travel Account (CTA) Application

Must complete both pages of this form. The completed and signed form must be scanned and emailed to AFIS.Operations@azdoa.gov.
The completed and signed original is to be retained at the agency.

Applicant Information (must use legal name)					
First Name	<input type="text"/>	Middle Name	<input type="text"/>	Last Name	<input type="text"/>
Work Email	<input type="text"/>	Office Phone	<input type="text"/>	EIN	<input type="text"/>
Agency Name	<input type="text"/>		Unit	<input type="text"/>	

Billing Address		Applicant Work Address	
Attention	<input type="text"/>	Attention	<input type="text"/>
Address Line 1	<input type="text"/>	Address Line 1	<input type="text"/>
Address Line 2	<input type="text"/>	Address Line 2	<input type="text"/>
City	<input type="text"/>	City	<input type="text"/>
State	<input type="text"/>	Zip Code	<input type="text"/>

Agency Authorization - Card Limits and Signatures	
Credit Limit Amount <input type="text"/>	<input type="checkbox"/> The agency (if so authorized) has already opened this card.
Single Purchase Limit <input type="text"/>	if applicable
I have read the Cardholder Agreement on the reverse side of this form and agree to the extent practicable, to enforce its terms and conditions with respect to the applicant.	
_____ Approving Official's Signature (Required)	_____ Date (Required)
_____ Approving Official's Name (Required)	_____ Approving Official's Title (Required)

GAO USE ONLY - Banking Information			
Cycle Date <input type="text"/>	6th of the month - Required by State of Arizona	Bank	<input type="text"/>
Billing/Liability	<input type="text"/>	Corporate	Agent <input type="text"/>
Plastic	<input type="text"/>	No	Company <input type="text"/>
Cash Access	<input type="text"/>	No	Managing Account Name <input type="text"/>