

STATE OF ARIZONA CENTRAL TRAVEL ACCOUNT (CTA) CUSTODIAN AGREEMENT

I, _____, understand and agree that:

1. The CTA 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.
2. 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.
3. 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.
4. I am responsible for monitoring all charges on the CTA to which I am assigned, and for ensuring that the account number for the CTA is safeguarded and not accessible to anyone except those authorized in my agency.
5. In the event that I am notified of or discover fraud or abuse with the CTA, I will notify my agency's Travel Card Program Administrator, the General Accounting Office or the Travel Card Program Contractor immediately.
6. 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.
7. 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.
8. I will work in cooperation with those employees in my agency who are responsible for reconciling and issuing payment to the Travel Card Program Contractor to ensure that the monthly CTA statement is reconciled and paid in full within the required payment terms.
9. Upon my resignation, retirement, transfer to another State agency, or termination from State service, I am no longer authorized to incur any charges on my agency's CTA.

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's Signature

Date

Employee's Name (printed)

Employee's Phone Number

This employee is authorized by the undersigned to act as a State of Arizona agency CTA Custodian.

Approving Official's Signature

Date

Approving Official's Name (printed)

Approving Official's Title

Agency Name

CTA Name (name under which the CTA is issued)