



**Stephen F. Austin State University  
T-CARD USE FORM**

Fax to x2207 or e-mail to [traveldesksfasu.edu](mailto:traveldesksfasu.edu)

As a Travel Card (T-Card) cardholder for Stephen F. Austin State University, I have agreed to comply with the terms and conditions of the T-Card Program Guide and the SFA Travel Card policy. If at any time my card is to be used by another employee or student of Stephen F. Austin State University for official business only, I will assure that:

- The employee or student has been properly instructed as to the usage
- The usage by another employee or student is recorded on the receipt.
- All receipts and back up documentation are provided for processing in TEM.
- The utmost security processes are implemented until the card is returned to my possession

This form will take precedence over ***any previous form*** filled out. All previous forms are null and void once this form is completed and filed with the Travel Office. Form must be on file with the T-Card Coordinator **BEFORE** allowing another employee to use your card. Keep the original for your records.

**IDENTIFY THOSE CATEGORIES OF INDIVIDUALS OR INDIVIDUALS BY NAME THAT MAY USE THE CARDHOLDER'S CARD(S) (check all that apply)**

☐ Any department employee

☐ Any student employee within dept

☐ Any full-time employee within department

**Named Individuals (list below):**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

.....  
**Department Name:** \_\_\_\_\_

\_\_\_\_\_  
**Cardholder Name**

\_\_\_\_\_  
**Cardholder Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Supervisor Name**

\_\_\_\_\_  
**Supervisor Signature**

\_\_\_\_\_  
**Date**