



STATE OF FLORIDA
Statewide Travel Management System (STMS)
USER AGREEMENT FORM
AUDITOR

BY SIGNING THIS FORM, THE USER ACKNOWLEDGES THE CONDITIONS UNDER WHICH ACCESS TO THE STATEWIDE TRAVEL MANAGEMENT SYSTEM IS GRANTED, AND AGREES TO THE FOLLOWING TERMS OF USE:

1. I understand that my User Name and Password are for my use only, and shall not be shared with any other individual.
2. I understand that I have been given access to sensitive information and will not use or share this information with any other individual.
3. I understand that if I attach documents to trip forms, I agree to redact all confidential information (to include but not limited to account numbers or social security numbers), to attach appropriate and pertinent documents only, and will ensure the documents are legible.
4. I agree to ensure that all expenses are valid obligations of the State of Florida.
5. I agree to inform the Agency STMS Administrator of any unusual activity, including suspicious transactions, account misuse or abuse.
6. I agree to process or review only those trip forms in groups and roles that have been assigned to me by the Agency STMS Administrator, and authorized by my Supervisor.
7. I agree to notify the Agency STMS Administrator when my access to the Statewide Travel Management System is no longer needed.
8. I agree to complete any required training to ensure trip forms are being processed in accordance with procedures and in a timely manner. I will ask questions to clarify my understanding of the requirements of the Statewide Travel Management System.
9. I understand that under no circumstances will I use the Statewide Travel Management System for personal gain or for the personal gain of others. Willful actions for personal gain, unauthorized access, or unauthorized use of information contained in the Statewide Travel Management System may result in disciplinary actions up to and including termination of employment and prosecution to the extent permitted by law.
10. I agree to open and review transaction documents to ensure that receipts and appropriate documentation are attached and legible, confidential and sensitive information has been redacted, and to follow the guidelines established for PCard Works (if applicable).

Account Holder's Name (Print)

Supervisor's Name (Print)

Account Holder's Name Signature

Supervisor's Signature

Date

Date

This form shall be signed by the Auditor and their Supervisor prior to accessing STMS.