



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

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 the appropriate receipts and documentation are attached and legible.
11. I agree to review the description and all expense values assigned to each transaction for accuracy.
12. I agree to verify that a valid Employee Name is in the Traveler Name field prior to processing any travel related transactions for payment.
13. I agree to flag any transactions that need to be corrected or adjusted.

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



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- 14. I agree to check the Batch Error Reports and Unmatched FLAIR Transactions queue for transactions that were returned from FLAIR.
- 15. I agree to close transactions that have been reviewed and are correct. I understand that closed transactions are submitted to FLAIR for payment.
- 16. I agree to comply with prompt payment timelines referenced in FL Statutes 215.

Account Holder's Name (Print)

Supervisor's Name (Print)

Account Holder's Name Signature

Supervisor's Signature

Date

Date