



STATE OF FLORIDA  
Statewide Travel Management System (STMS)

USER AGREEMENT FORM

REPORTER

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 agree to inform the Agency STMS Administrator of any unusual activity, including suspicious transactions, account misuse or abuse.
4. I agree to notify the Agency STMS Administrator when my access to the Statewide Travel Management System is no longer needed.
5. 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.
6. 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.

\_\_\_\_\_  
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 Reporter and their Supervisor prior to accessing STMS.*