



PRO4004

Revision Date: 05-2023

Form Revisions Finalized by: Corey Scott

Agency Name and Number

Date of Request:

To: Agency Program Administrator

A Purchasing Charge Card is hereby requested for the following employee under my supervision (please print or type all information as requested below).

Employee Name as it should appear on the Card:

Employee Mailing Address:

Employee Work Phone:

Employee Date of Birth (MM/DD/YY):

Employee's Email:

EMPLID:

I hereby certify that I have examined this employee's duties and estimate that the purchasing card will be used for approximately transactions per month at a dollar value range of \$ to \$ per transaction.

[NOTE: A "transaction" is one order placed with a vendor who accepts the card.]

Based on these estimates, I am requesting limits of \$ per transaction (not to exceed \$10,000) and \$ total per month (not to exceed \$100,000) be placed on this card.

Please indicate a default AIS account for charges on this card

FUND DEPARTMENT CAMPUS ACCOUNT

I agree and understand that at least annually the activity on all purchasing cards will be reviewed to ensure limits and card restrictions are appropriate for the card's usage. I will provide written recommendations regarding any limit changes.

I further certify that I will review and approve this cardholder's transactions and supporting documentation on a monthly basis.

Signed: Requesting Authority (Supervisor) Date:

Signed: Employee Date:

Approved by Agency Program Administrator:

Date entered into system:

Bank of America Purchasing Card

Employee Agreement

I, _____ (Enter employee name here), acknowledge receipt of a Bank of America Visa Purchasing Card. As a Cardholder, I agree to comply with the following terms and conditions regarding my use of the Card:

1. I understand that I am being entrusted with a valuable purchasing tool and will be making financial commitments on behalf of my agency and will strive to obtain the best value for the agency by using State contracts and other "preferred suppliers" as identified by the Agency's Purchasing Department.
2. I understand that my agency is liable to Bank of America for all authorized charges made on the Card.
3. I agree to not share my Card or Card number with anyone other than a vendor I am doing business with. I agree if I share my Card or Card number to anyone other than a vendor I am doing business with, my agency will take disciplinary action as a result.
4. I agree to use this Card for approved purchases only and agree not to charge personal purchases at any time. I understand that my agency will review the use of this Card and the related management reports and take appropriate action based on any discrepancies. I understand that any personal charges made on the SPCC may result in payroll deduction.
5. I will follow the established procedures for the use of the Card. Failure to do so may result in either revocation of my privileges or other disciplinary actions, up to and including termination of employment.
6. I agree to return the Card immediately upon request or upon termination of employment (including retirement).
7. If the Card is lost or stolen, I agree to notify Bank of America and the Agency Program Administrator immediately.
8. I agree to successfully complete annual Cardholder training as well as sign a new employee agreement at each card renewal period.
9. I agree not to use my card to pay for past due invoices to circumvent Prompt Pay policies and procedures;
10. For Agencies utilizing eVA: I understand that in order to properly purchase goods and services, I must use eVA for those purchases that qualify and record the PCO (Purchase Card Order) number on the purchasing log.
11. I agree not to write down or share my Card's pin number with anyone, including my Agency Program Administrator or Bank of America.
12. I understand that Chip and PIN technology is only utilized at point of sale by vendors who have chip enabled terminals.
13. I will not store my card number on any mobile devices, nor will I utilize any type of mobile payment or digital wallet service such as Apple Pay, Google Pay, Samsung Pay, etc.

Employee's Signature & Date

Supervisor's Signature & Date

Program Administrator's Signature & Date