

**VIRGINIA TECH/BANK OF AMERICA VISA
PURCHASING CARD EMPLOYEE AGREEMENT**

CARDHOLDER INFORMATION:

Name (as it appears on employee ID):	
9 Digit Employee ID:	
Campus Address Line 1:	
Campus Address Line 2:	
City	
State:	
Zip Code:	
Telephone Number:	
University Email Address:	
Organization Number:	
Department Number:	
Default Fund Number: (Cannot use Foundation or Grant funds)	

1. I understand that I am being entrusted with a valuable purchasing tool and will be making financial commitments on behalf of Virginia Tech. I 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 Virginia Tech is liable to Bank of America for all authorized charges made on the PCard.
3. I agree to not share the Pcard, PCard number, or PIN with anyone other than a vendor I am doing business with. I agree if I share the PCard, PCard number or PIN with anyone other than a vendor I am doing business with, Virginia Tech will take disciplinary action as a result.
4. I agree to use this PCard for approved purchases only and agree not to charge personal purchases at any time. I understand that the department will review the use of this PCard and related management reports and take appropriate action based on any discrepancies.
5. I will follow all established procedures for the use of the PCard. Failure to do so may result in either revocation of privileges or other disciplinary actions, up to and including termination of employment.
6. I agree to review the 2019 National Defense Authorization Act (NDAA) Section 889 and will comply by not using the Pcard to purchase Telecommunication or Video Surveillance Equipment/Services.
7. I will remain in compliance with Prompt Pay policies and procedures and will not use the PCard to pay past due invoices to circumvent these policies.
8. I agree to review the PCard procedures annually and will acknowledge I comply when approving each reconciliation.
9. I will not store the PCard 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.
10. If the PCard is lost or stolen, I agree to notify Bank of America immediately.
11. I agree to return the PCard immediately upon request or upon termination of employment (including retirement).

I have read and understand all terms and conditions listed above regarding the use of the PCard and I agree to comply.

<i>Cardholder Signature</i>	<i>Date</i>
-----------------------------	-------------

DEPARTMENT HEAD SPEND REQUEST & APPROVAL

I have reviewed spend needs for my area and request the following spend group:

- \$2,000 per transaction and \$5,000 per month
- \$2,000 per transaction and \$10,000 per month
- \$2,000 per transaction and \$20,000 per month

1. I agree that I will review and approve this Cardholder's transactions and supporting documentation on a monthly basis. The approval certifies all charges are valid business purchases and were made in adherence to Procurement policies. Additionally, I will review to ensure there are no charges for sales tax, split transactions, or payments of past due invoices.

2. I have reviewed the National Defense Authorization Act (NDAA) Section 889 and will review documentation monthly to ensure no Telecommunications or Video Surveillance Equipment was purchased using the PCard.

3. I agree that I will immediately notify the University PCard Administrator if I deem a revocation of the PCard is appropriate, if the Cardholder job changes or of Cardholder termination.

<i>Cardholder Printed Name</i>	
<i>Department Head Printed Name</i>	
<i>Department Head Signature</i>	<i>Date</i>

The Dean, Director, or Department Head must sign this form. This person is responsible for the proper use of the Pcard, even when the PCard is issued to other personnel in the department.