# VIRGINIA TECH

**BANK OF AMERICA VISA PURCHASING CARD (P-CARD) EMPLOYEE AGREEMENT**

 **Section A: Spend Limit Request - to be completed by the Department Head or Delegated Representative**

I hereby request the following cardholder 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

I agree that I will review and approve this cardholder's transactions and supporting documentation on a monthly basis. Dept Head/Delegated Rep Signature/Date:

 **Section B: Cardholder Information - to be completed by the future cardholder**

I, , hereby request a Bank of America Visa P-Card. As a Card member, 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 Virginia Tech 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 department will review the use of this Card and the related management reports and take appropriate action based on any discrepancies.
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 review the P-Card procedures annually and will acknowledge this when signing the Payment Certification Form each time I reconcile my statement
9. 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

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| --- | --- |
| Legal Name: | Signature/Date: |
| Company Name: Virginia Tech (do not change this is mandatory) |
| Billing Address Line 1: |
| Billing Address Line 2: |
| City: | State: | Zip Code: |
| Telephone Number | Email Address: |
| 9 Digit Employee ID #: | Default Fund Code: | Dept #: |

 **Section C: Dept Head Approval - to be completed by the Department Head**

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| Print Dept Head Name | Dept Head Signature/Date: |
| The **Dean, Director, or Department Head** must sign this form. This person is responsible for the proper use of the P-Card even when the card is issued to other personnel in the department. |

09-04-18