

**Commonwealth of Virginia
Bank of America Purchasing Card
Employee Agreement**

I, _____, acknowledge receipt of a Bank of America Visa Small Purchase Charge Card (SPCC).
Cardholder Printed Name

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 including DMBE certified Small Businesses.
2. I understand that my agency is liable to Bank of America for all authorized charges made on the Card. Therefore, if an unauthorized charge is made with my card, I may be required to reimburse UMW in the amount of the charge(s). In the event of unauthorized use, additional penalties may apply.
3. I agree to not share my Card or Card number with anyone other than a vendor with which I am doing business. I agree that if I share my Card or Card number with anyone other than a vendor with which I am doing business, 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.
5. I will follow the established procedures for the use of the Card. This includes, in example, FOAPAL allocation in Works. 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 by the Agency Program Administrator or upon termination of employment (including retirement).
7. I agree that if I must leave the agency on a temporary basis for reasons such as but not limited to military leave, sabbatical, summer leave (10-month staff), or other personal reasons that I will notify the Agency Program Administrator immediately and that my Card will be suspended for this period.
8. If the Card is lost or stolen, I agree to notify Bank of America and the Agency Program Administrator immediately.
9. I agree to successfully complete **annual** Cardholder training as well as sign a new employee agreement at each card renewal period (every two years).
10. I agree not to use my card to pay for past due invoices to circumvent Prompt Pay policies and procedures.
11. 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 and small business quote information in the monthly purchasing file.
12. I understand that Card inactivity that exceeds three (3) months may result in reevaluation by the Agency Program Administrator as to the necessity of the Card account and/or cancellation of the account.

Cardholder's Signature

Date

I, the undersigned, certify that I will review this cardholders supporting documentation and approve this cardholder's transactions in Works in a timely manner, at least when there are 5-10 transactions. I understand that the ultimate responsibility for this cardholder's use of the SPCC is mine as his/her Approving Manager.

Cardholder Manager's Signature

Cardholder Manager's Printed Name

Date

Program Administrator's Signature

Date Received