



Purchasing Office  
 MSN 3C5, PH: 3-2580  
 Email: [pcardadm@gmu.edu](mailto:pcardadm@gmu.edu)

Purchasing Card (P-Card) Application  
 Bank of America Employee Agreement

**Instructions:** Part 1 must be completed and signed by the cardholder’s supervisor or department head with signature authority for the fund/org listed below. This individual will be the cardholder’s Approver in Bank of America Works. Part 2 must be reviewed and signed by the cardholder. Complete both parts of the form and submit to the P-Card Administrator by email, [pcardadm@gmu.edu](mailto:pcardadm@gmu.edu) or mail to MSN 3C5. The applicant will be notified when the card arrives.

*\*Applicants must complete Basic eVA Purchasing and P-Cardholder Training (Fiscal Orientation 2) prior to receiving a Mason P-Card. Please see [Workshop Registration](#) for instructions. For access to eVA, Virginia’s e-procurement system, complete the [eVA Request Form](#).\**

**Part 1: Employee Cardholder Information and Spending Analysis**

Employee Name (as it should appear on the Card) \_\_\_\_\_

Department and MSN: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Work PH: \_\_\_\_\_

\_\_\_\_\_ Fax: \_\_\_\_\_

Default Org Number: \_\_\_\_\_ Employee G#: \_\_\_\_\_

**Non-student/wage employee?**  Yes  No Employee DOB (MM/DD/YY): \_\_\_\_\_

**Faculty Only P-Card** (check box)  \*\*Card Reconciler must sign below

Spending Analysis		
Type of Purchase	Highest Single Transaction Amount (Not to exceed \$1, 999)	Total Est. Amount per Month
Materials, Supplies, Equipment		
General Services (e.g., conference fees, express mail, maintenance)		
All types of purchases combined		

The employee listed on this form is under my supervision. I have examined the employee’s duties and estimate that the purchasing card will be used based on the spending analysis detailed above. Based on these estimates, I am requesting a single transaction limit of \$\_\_\_\_\_ (not to exceed \$1, 999) and a total per month limit of \$\_\_\_\_\_ (not to exceed \$10,000) be placed on this card. I will examine the cardholder’s activity at least annually and provide a written recommendation regarding limit changes. I certify that I have completed Basic eVA Purchasing and P-Cardholder training and understand my responsibilities for reviewing cardholder expenditures and reconciliation. I further certify that I will review and approve the cardholder’s transactions and supporting documentation by the posted deadline each month and complete the Purchasing Card - Supervisor training annually.

\_\_\_\_\_  
 Supervisor or Department Head Name Title Signature Date

*\*\*The department reconciler who will be responsible for allocation and sign-off of **Faculty Only P-Card** transactions must sign/date*  
 \_\_\_\_\_  
 Reconciler’s Signature Date

**Part 2: Cardholder Agreement and Acknowledgment of Receipt of 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. I will strive to obtain the best value for the agency by using State contracts and other "preferred suppliers" as identified by the Mason's Purchasing Department. I will not make excessive or unnecessary purchases with my Card.
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, Mason may 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 Mason 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. I will not exceed the per transaction and monthly limits assigned to my card or use the Card to circumvent established purchasing procedures.
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 at 1-888-449-2273 and P-Card Office immediately.
8. I agree to successfully complete Basic eVA Purchasing and P-Cardholder training as well as sign a new employee agreement at each card renewal period.
9. I understand that in order to properly purchase goods and services, I must use eVA for all purchases unless specifically exempt. I will record the eVA order number (EP# or PCO#) on the Bank of America Works transaction.
10. I am responsible for maintaining documentation of all purchases for a period of three years (if charging to fund numbers that begin with "2", documentation must be retained for 10 years). I will allocate all card purchases in Bank of America Works and reconcile my charge receipts against the monthly ledger. I will sign off on my transaction in Bank of America Works by the posted deadline each month.
11. I will not accept "store credit" when returning merchandise. I will specifically request that the charge be credited to the Purchasing Card and I will notify the Purchasing Card Administrator if a merchant refuses to credit the Purchasing Card for returned items.
12. For airline and rail ticket purchases, I will maintain a copy of the Travel Authorization and itinerary in the file. I also understand that the itinerary destinations must agree with the Travel Authorization and that airline travel may not exceed coach class.
13. I will make purchases on the Internet using only Secure Socket Layer Version 2.0 or greater.
14. I agree to complete the annual Cardholder Training every fiscal year.

<b>Print Employee Name</b>	<b>Employee G#</b>	<b>Employee Signature</b>	<b>Date</b>

To be completed when new card is issued:

I attended the required trainings and received my card on the dates listed below:

Date of Training	Card Issue Date	Cardholder Signature

  

<b>Card Limits:</b> \$ _____ Per Transaction; \$ _____ Per Month	
	P-Card Program Administrator Signature