



Purchasing; MSN: 3C5 Tel:  
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**Purchasing Card (PCard)  
Request and Bank of America  
Employee Agreement**

**Part 1 of 2  
Employee Cardholder Information and Spending Analysis**

**Prerequisite:** Applicant must have an eVA login and successfully completed eVA training prior to processing of application.

**Instructions:** Part 1 must be completed and signed by the cardholder's supervisor or department head with signature authority on Fund/Org; Part 2 must be completed and signed by the cardholder.

**Return both parts of the completed form** to the PCard Administrator, Purchasing Department, MS 3C5. The applicant will be notified when the card has arrived and of the date/time of the next cardholder training. For questions, contact Purchasing at X3-2580.

A purchasing card is hereby requested for the following employee under my supervision.

**Employee Cardholder Information**

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

Department and MSN: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Work Number: \_\_\_\_\_

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

Non-student/wage employee?  Yes  No Employee Date of Birth (MM/DD/YY): \_\_\_\_\_

Fund/Org Number: \_\_\_\_\_ Employee G#: \_\_\_\_\_

I have examined this employee's duties and estimate that the purchasing card will be used based on the following spending analysis:

**Spending Analysis**

Type of Purchase	(a) Highest Single Transaction Amount (not-to-exceed \$1999)	(b) Total Est. \$ per Month
Materials, Supplies, and Equipment		
General services (e.g., conference fees, express mail and maintenance)		
Air and Rail Tickets		
All types of purchases combined		

**Authorizing Signature**

Based on these estimates, I am requesting limits of \$ \_\_\_\_\_/per transaction (not to exceed \$1999) and \$ \_\_\_\_\_ total per month (not to exceed \$10,000) be placed on this card. I will examine the cardholder's activity at least annually and provide written recommendations regarding limit changes. I certify I have taken the Supervisor/Reviewer Training and understand my responsibilities for reviewing cardholder expenditures and reconciliation.

I further certify that I will review and approve this cardholder's transactions and supporting documentation on a monthly basis and will take the Supervisor/Reviewer training once annually.

\_\_\_\_\_  
Supervisor or Department Head Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Part 2 of 2**  
**Cardholder Agreement and Acknowledgment of Receipt of 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. 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, 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. 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 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 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.
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 document all card purchases in my Purchasing Card Log and reconcile my charge receipts against the monthly statement. I will complete the payment approval form and forward it along with the receipts and card log to my supervisor for review and approval.
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 and will record the vendor's website address on the purchasing card log.
14. I agree to participate in the annual State Cardholder Training every fiscal year.

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Employee G#

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**To be completed when new card is issued:**

**Card Limits:**

\_\_\_\_\_ \$ \_\_\_\_\_ per transaction; \$ \_\_\_\_\_ per month  
 Date of Training      Date Issued

I attended the PCard training session on the above date and received my card.

\_\_\_\_\_  
 Cardholder Signature

\_\_\_\_\_  
 PCard Program Administrator Signature