Reset This form is type enabled Home

Virginia Commonwealth University

Virginia Commonwealth University
Bank of America
Employee Paid (Individual Liability) Travel Card Employee Agreement

I, _____, am requesting a Bank of America Visa Employee Paid (Individual Liability) Travel 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 tool which I will use to obtain travel related services and will be making financial commitments on behalf of myself and will strive to obtain the best value for the agency.
2. I understand that I am liable to Bank of America, for all authorized charges made on the Card.
3. I understand that Bank of America will send my card to the address on my card application and I will immediately notify Bank of America for any changes to my address and phone number.
4. I agree to use this Card for official state business travel only and agree not to charge personal purchases at any time. I understand that my agency will review the use of this Card and will 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 Travel Program Administrator immediately.
8. I agree that I will pay the total amount due by the statement due date regardless if I have been reimbursed for those expenses.
9. I agree that if my Card balance becomes delinquent past 90 days, the agency will deduct the delinquent funds from my paycheck and make the payment directly to Bank of America.
10. I agree not to send my entire 16 digit account number via email (including attachments), regular mail, or fax, or to photocopy the Card for any reason in order to keep my Card number as secure as possible.
11. I agree to hold the Card in a secure location so that no one else can access the Card and agree to not share my card number or other pertinent card information with anyone other than a vendor I am doing business with.

Employee Signature _____ Date _____

Email Address _____

Home Address _____

Supervisor's Signature _____ Date _____

Home Phone _____ Business Phone _____

Program Administrator's Signature _____ Date _____

Dept # _____ Dept Name _____

Fax to the Program Administration Team at 8-3360 or scan and email to corpcard@vcu.edu

March 2009