

**CORPORATE PURCHASING CARD
EMPLOYEE AGREEMENT**

I, _____, (*print name as it should appear on card*) hereby request a Corporate Purchasing 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 University. Additionally, I understand that the cardholder and department are subject to post-audit review of transactions to ensure compliance with applicable procedures.
2. I understand that my agency is liable to card provider for all charges made on the Card.
3. I agree to use the Card for approved business purchases **only** and agree not to charge personal purchases even though I may intend to repay them. I understand that charging any personal purchase to this card could be treated as embezzlement. I understand that my agency will review the use of this Card and the related management reports and take appropriate action on any discrepancies.
4. I will follow the established procedures for the use of the Card including use of eVA and required training. In addition, I expressly agree to not share my card or card number with anyone other than a vendor I am doing business with. Failure to do so may result in either revocation of my privileges and/or other disciplinary actions, including termination of employment.
5. I agree to return the Card immediately upon request or upon termination of employment (including retirement). Should there be any organizational change that causes my index code to change, I also agree to return my Card and arrange for a new one, if appropriate.
6. If the Card is lost or stolen, I agree to notify the Program Administrator and the card provider immediately.

APPLICANT	SUPERVISOR
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By signing below, cardholder & supervisor acknowledge cardholder's responsibility to reconcile the monthly Purchasing Card statements, which require timely review & approval by the **Reviewer (supervisor or fiscal authority). The supervisor acknowledges reviewing the Supervisor/Reviewer Checklist attached.**

Employee's Signature	Date	Department Default Index #
Date of Birth: _____		Standard Limits: \$2500/transaction & \$ 5K/month
**Home ORG code: _____		Indicate below if lower or higher limits are applicable:
Dept Name: _____ Fax No: _____		\$ _____/transaction \$ _____/month
Phone No: _____		Dept Head: _____
P O Box No: _____		Supervisor's Name Printed
E-mail Address: _____		Supervisor's Signature _____ Date
Fiscal Administrator: _____		Reviewer: _____

****http://www.hr.vcu.edu/forms/HRS_Dept_to_Banner_ORG_General_Release.xls**

RETURN THIS FORM TO: P O Box 980616
Attn: Program Administrator
FAX: 828-3360

Approved by Program Administrator: _____	
Submitted to DOA: _____	_____
File #: _____	_____

SUPERVISOR/REVIEWER RESPONSIBILITIES

The Reviewer plays a critical role in the reconciliation process and must follow the guidelines below:

Monthly

- Ensure all purchases made are valid business expenses.
- Ensure reconciliation is supported with sufficient documentation.
- Ensure all orders are in compliance with Procurement policies.
- Ensure there are no split orders.
- Confirm that merchandise purchased with the card has not been returned for store credit.
- Confirm sales tax has not been paid, if paid, have cardholder contact vendor for refund and document the reconciliation accordingly.
- Review, sign and date the cardholder(s) monthly Purchasing Card statement after it has been reconciled with the log/statement and signed and dated by the cardholder. Verify the reconciled total matches the statement. If no purchases were made, the cardholder and reviewer must date and sign the log or statement. This must occur timely.
- Keep track of any outstanding items awaiting resolution.

As Needed

- Take the mandatory training.
- Report non-compliance to Program Administration Team.
- Notify the Purchase Card Administrator immediately of any potential fraud.
- Monitor transaction/monthly limits for appropriateness.
- Send an e-mail to the Purchase Card Administration Team for:
 - Name changes
 - Request to increase/decrease on transaction/monthly limits
 - Changes to the accounting information (i.e. index number)
- Inform cardholder(s) that VCU is liable to Bank of America VISA for all charges made on the Card.
- Inform cardholder(s) that the cardholder and department are subject to post-audit review of transactions.
- Notify the Purchase Card Administration Team to cancel the card if a cardholder transfers to another department or leaves the University. Supervisor should ensure the card is destroyed.
- Encourage cardholder(s) to review additional resources.
 - CAPP Manual Topic 20355 - http://www.doa.virginia.gov/Admin_Services/CAPP/CAPP_Topics/20355.pdf.
 - Bank of America WORKS - <https://payment2.works.com/>.