

**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/Authorized Approver. The reviewer/authorized approver acknowledges reviewing the Reviewer/Authorized Approver Checklist attached.

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

Reviewer/Authorized Approver's Name Printed

****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 #:	

REVIEWER/AUTHORIZED APPROVER RESPONSIBILITIES

The Reviewer/Authorized Approver 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 state 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/approver 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/>.