

**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. [See compliance.](#)
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. The reviewer acknowledges reviewing the Reviewer responsibilities 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: _____		Supervisor's Name Printed
Fax No: _____		Supervisor's Signature
Phone No: _____	Date	
P O Box No: _____	Reviewer Name Printed	
E-mail Address: _____		

**http://www.hr.vcu.edu/pdf_docs/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 RESPONSIBILITIES

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

Monthly

- Verify all purchases made are valid business expenses and comply with policies and procedures;
- Carefully review original monthly [statements](#), reconciliations and supporting documentation to verify amounts match;
- Ensure all receipts are original receipts and vigorously questioning any receipt which does not appear in all respects to be an original receipt;
- Confirm state sales tax has not been paid. If paid, have cardholder contact vendor for refund and document the reconciliation accordingly;
- Verify transactions were not processed separately (split) to circumvent established limits;
- Report noncompliance to Program Administration Team at corpcard@vcu.edu;
- Review, sign and date the cardholder's monthly Purchasing Card statement each month before the next statement cycle (approximately the 15th of each month). This action must be taken 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 SPCC, GOLD and ATC Memo Statement from Bank of America WORKS printed by the cardholder. Failure to review cardholder's reconciliations timely could result in loss of cardholder's P-card privileges and eVA access;
- Understand that by approving the reconciliation package the reviewer is acknowledging that he/she has seen the items and can verify receipt. If the reviewer did not see the items, then supporting documentation such as an email from someone other than the cardholder must be obtained;
- Retain all P-Card file documentation after approval. **All supporting documentation (e.g. original packing slips, original receipts, etc.) must be maintained with the statement and be retained by the reviewer.** Documentation must be retained for a period of at least three years. These records are subject to review by University officials and auditors; and
- Reconcile the account in Banner and confirm the charges on the statement match the charges in Banner.

As Needed

- Take the mandatory training;
- 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 at corpcard@vcu.edu for:
 - Name changes
 - Changes to the accounting information (i.e. index number)
 - Request to increase/decrease on transaction/monthly limits
- Notify the Purchase Card Administration Team at corpcard@vcu.edu to cancel the card if a cardholder transfers to another department or leaves the University. Supervisor should ensure the card is destroyed;
- Resources: Bank of America WORKS (<https://payment2.works.com>)
(<http://www.vcu.edu/procurement/card/purchasing/index.html>).

Name of Cardholder: _____

Name of Reviewer: _____

Signature of Reviewer: _____

Date: _____