

Commonwealth of Virginia
Bank of America VISA

Agency Electronic Bill Request Form

This form is needed for **only** those individuals who only need access to an agency's consolidated monthly bill in an electronic version which is available approximately 48 hours after cycle close.

Agency Number: _____

Agency Name: _____

Program: Pcard (SPCC and Gold) _____ Travel (ATC only) _____

Employee Name: _____

Employee Email Address: _____

User ID will be set by DOA's Charge Card Admin Team and communicated to user.

Employee Signature: _____

Certification

I, Program Administrator, for the agency listed above, certify that the above named individual can receive access to our Agency's electronic consolidated monthly bill for the Program(s) selected above.

Agency Program Administrator Name: _____

Program Administrator Signature: _____

Program Administrator's Email: _____

Once setup is complete, the new user will receive an email confirmation with the logon instructions and a guide.

Please fax the completed form to 804-518-4954

DOA Use Only:

DOA Approval _____ Date _____

Set up Complete: _____ User ID Assigned: _____