



## Program Administrator Form Instructions

This is the new Bank of America Visa Card Program Administrator form. This form is used to assign Program Administrator responsibilities to a designated individual who will have the ability to administer the Purchase and/or Travel Card Programs. PLEASE NOTE: This form is specifically for those who need access to full Program Administrator functions.

### **All items on the form are required.**

**Agency Number:** This is your State Agency number. Localities and Authorities will use your Charge Card Program assigned number.

**Program:** You must designate what program or programs the New Program Administrator listed will require access to; Purchasing Card Program, Travel Card Program, or both.

**Authorizing Officer:** This must be your Agency/Entity head or designee.

**Entity Name:** Enter your complete Agency/Entity name.

### **AUTHORIZING OFFICER OF AGENCY/ENTITY**

1. Authorizing Officer – Authorizing Officer's printed name.
2. Title – Authorizing Officer's title.
3. Signature – Authorizing Officer's signature.
4. Date – Date of authorization request.
5. Phone – Telephone number (including extension).

### **AUTHORIZED PROGRAM ADMINISTRATOR**

**Add New Program Administrator:** This information pertains to the individual you are requesting to be set up as a New Program Administrator or as a Backup. Please complete a separate form for each individual Program Administrator.

1. Name – New Program Administrator's printed name.
2. Role – Role the designated individual will perform (Primary or Backup).
3. Effective Date – Date Program Administrator is to be added.
4. Office Overnight Delivery Address – Complete address including city, state and zip code.
5. Office Mailing Address – Complete address for USPS delivery, if different from above.
6. Phone – Telephone number (including extension) and fax number (including area code).
7. E-mail Address – Current E-mail address.
8. New Program Administrator's Signature – New Program Administrator's signature.
9. Supervisor's E-mail Address – New Program Administrator's Supervisor's E-mail address.
10. Please include a copy of training certificate when form is submitted.

**Delete Program Administrator:** This information pertains to the individual you are requesting to be deleted as a Primary Program Administrator or as a Backup. Please complete a separate form for each individual Program Administrator.

1. Name of Program Administrator to Be Deleted – Program Administrator's printed name.
2. Role – Role the designated individual performed (Primary or Backup).
3. Effective Date – Date Program Administrator authorization is to be deleted.
4. Are they a cardholder as well?- Is the Program Administrator that is being deleted have a card.
5. Does the card need to be cancelled?- Should the Program Administrators card be deleted from Works?