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# Charge Card Program Annual Training Certification Form

This form is to be completed by all Agency Program Administrators on an annual basis and is due no later than June 30<sup>th</sup> of each year. All information on this form is required.

**Agency Number:** \_\_\_\_\_

**Agency Name:** \_\_\_\_\_

**Certification Year:** \_\_\_\_\_

**Please indicate the program you are the Administrator for (Check one):**

- Purchase Card Program       Travel Card Program       Both Programs

I, \_\_\_\_\_, Program Administrator for above indicated program(s), do hereby certify that I am a duly authorized and acting Program Administrator for the above Agency. I do further certify the following:

**(Please check all that apply):**

**SPCC Cardholder Training** – All employees of the above agency who are holders of a Small Purchase Charge Card have completed the required SPCC Cardholder Training.

**Employee Paid (Individual Liability) Travel Cardholder Training** – All employees of the above agency who are holders of an Employee Paid (Individual Liability) Travel Card have completed the required Travel Cardholder Training.

**Agency Airline Travel Cardholder (ATC) Training** – All employees of the above agency who are holders of an Agency Airline Travel Card (ATC) have completed the required Agency Airline Travel Cardholder (ATC) Training.

**Supervisor/Reviewer of SPCC Cards Training** – All employees of the above agency who review SPCC Card Program monthly reconciliations have completed the required Supervisor/Reviewer Training.

**Supervisor/Reviewer of Agency Airline Travel Card (ATC)** – All employees of the above agency who review Agency Airline Travel Card (ATC) Program monthly reconciliations have completed the required Supervisor/Reviewer Training.

Required written documentation is on file confirming training completion for each employee. I understand that it is my responsibility to ensure that all new staff members complete the required training as appropriate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Program Administrator)

Program Administrator Name (type or print): \_\_\_\_\_

Program Administrator Title: \_\_\_\_\_

Contact Information (Phone/E-mail): \_\_\_\_\_

**Please fax completed form to (804) 518-4954 Attn: Charge Card Administration Team**

## Charge Card Program Annual Cardholder Review Certification Form

This form is to be completed by all Agency Program Administrators on an annual basis and is due no later than June 30<sup>th</sup> of each year. All information on this form is required.

**Agency Number:** \_\_\_\_\_

**Agency Name:** \_\_\_\_\_

**Review Period:** \_\_\_\_\_ (month day, year) **to** \_\_\_\_\_ (month day, year)  
*(Must be a 12 month consecutive period)*

**Please indicate the program you are the Administrator for (Check one):**

- Purchase Card Program
- Travel Card Program
- Both Programs

I, \_\_\_\_\_, Program Administrator for above indicated program(s), do hereby certify that I am a duly authorized and acting Program Administrator for the above Agency. I do further certify that for my agency I have completed, as appropriate, the following required annual cardholder review(s):

**(Please check all that apply):**

**Annual Purchase Cardholder Review** – I have reviewed each Purchase Card and confirmed that all transaction limits, monthly limits, restriction tables, and transaction volumes were appropriate. All unnecessary cards were cancelled. Any restrictions that were lifted and/or replaced and any transaction and/or monthly limits that were changed were adjusted per State guidelines. Approval was obtained from DOA for any limit requests above State guidelines.

**Annual Travel Cardholder Review** – I have reviewed each Travel Card (Employee Paid (Individual Liability) and Agency Airline Travel Card (ATC)) and confirmed that all unnecessary cards were cancelled. Any transaction and/or monthly limits that were changed were adjusted per State guidelines. Approval was obtained from DOA for any limit requests above State guidelines.

**Annual Multiple Cards Cardholder Review** – I have reviewed the transaction activity for all cardholders who hold more than one SPCC and confirm that the sum of all transactions for each cardholder does not exceed the maximum of \$5,000 per transaction and the sum of all credit limits does not exceed the maximum of \$100,000. I have reviewed the need for multiple cards for each cardholder and confirmed that each card is required for a valid reason. I maintain written documentation supporting the need for all multiple cards. Approval was obtained from DOA for any limit requests above State guidelines.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Program Administrator)

Program Administrator Name (type or print): \_\_\_\_\_

Contact Information (Phone/E-mail): \_\_\_\_\_

**Please fax completed form to (804) 518-4954 Attn: Charge Card Administration Team**

***Commonwealth of Virginia***  
***Bank of America Purchasing Card***  
***Employee Agreement***

I, \_\_\_\_\_ (Enter employee name here), acknowledge receipt of a Bank of America Visa Purchasing Card. As a Cardholder, 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 agency by using State contracts and other "preferred suppliers" as identified by the Agency's Purchasing Department.
2. I understand that my agency is liable to Bank of America for all authorized charges made on the Card.
3. I agree to not share my Card or Card number with anyone other than a vendor I am doing business with. I agree if I share my Card or Card number to anyone other than a vendor I am doing business with, my agency will take disciplinary action as a result.
4. I agree to use this Card for approved purchases only and agree not to charge personal purchases at any time. I understand that my agency will review the use of this Card and the related management reports and take appropriate action based on any discrepancies.
5. I will follow the established procedures for the use of the Card. Failure to do so may result in either revocation of my privileges or other disciplinary actions, up to and including termination of employment.
6. I agree to return the Card immediately upon request or upon termination of employment (including retirement).
7. If the Card is lost or stolen, I agree to notify Bank of America and the Agency Program Administrator immediately.
8. I agree to successfully complete annual Cardholder training as well as sign a new employee agreement at each card renewal period.
9. For Agencies utilizing eVA: I understand that in order to properly purchase goods and services, I must use eVA for those purchases that qualify and record the PCO (Purchase Card Order) number on the purchasing log.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Administrator Signature

\_\_\_\_\_  
Date

*Commonwealth of Virginia*

*Bank of America Agency Airline Travel Card (ATC)*

*Employee Agreement*

I, \_\_\_\_\_, acknowledge receipt of a Bank of America Visa Agency Airline Travel Card (ATC). As a Cardholder, 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 tool to purchase airline and mass rail purchases and will be making financial commitments on behalf of my agency and will strive to obtain the best value for the agency.
2. I understand that my agency is liable to Bank of America for all authorized charges made on the Card.
3. I agree to use this Card for official state business airline and rail only and agree not to charge personal purchases. 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. Failure to do so may result in either revocation of my privileges or other disciplinary actions, up to and including termination of employment.
5. I agree to return the Card immediately upon request or upon termination of employment (including retirement).
6. If the Card is lost or stolen, I agree to notify Bank of America and the Agency Travel Program Administrator immediately.
7. I agree not to send my entire 16 digit account number via email (including attachments), mail, or fax in order to keep my card number as secure as possible.
8. I agree to hold this card in a secure location so that no one else can access the card and agree to not share my card number or other pertinent card information with anyone other than a vendor I am doing business with.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Administrator Signature

\_\_\_\_\_  
Date

***Commonwealth of Virginia***

***Bank of America***

***Employee Paid (Individual Liability) Travel Card***

***Employee Agreement***

I, \_\_\_\_\_, (Enter employee name here), acknowledge receipt of a Bank of America Visa Employee Paid (Individual Liability) Travel Card. As a Cardholder, 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 tool which I will use to obtain travel related services and will be making financial commitments on behalf of myself and will strive to obtain the best value for the agency.
2. I understand that I am liable to Bank of America, for all authorized charges made on the Card.
3. I understand that Bank of America will send my card to the address on my card application and I will immediately notify Bank of America for any changes to my address and phone number.
- 4.. I agree to use this Card for official state business travel only and agree not to charge personal purchases at any time. I understand that my agency will review the use of this Card and will take appropriate action based on any discrepancies.
5. I will follow the established procedures for the use of the Card. Failure to do so may result in either revocation of my privileges or other disciplinary actions, up to and including termination of employment.
6. I agree to return the Card immediately upon request or upon termination of employment (including retirement).
9. If the Card is lost or stolen, I agree to notify Bank of America and the Agency Travel Program Administrator and immediately.
10. I agree that I will pay the total amount due by the statement due date regardless if I have been reimbursed for those expenses.
11. I agree that if my Card balance becomes delinquent past 90 days, the agency will deduct the delinquent funds from my paycheck and make the payment directly to Bank of America.
12. I agree not to send my entire 16 digit account number via email (including attachments), regular mail, or fax, or to photocopy the Card for any reason in order to keep my Card number as secure as possible.
13. I agree to hold the Card in a secure location so that no one else can access the Card and agree to not share my card number or other pertinent card information with anyone other than a vendor I am doing business with.

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Employee Signature

Date

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Supervisor Signature

Date

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Program Administrator Signature

Date

**Commonwealth of Virginia**  
**Bank of America**  
**“Gold” Card Employee Agreement**

I, \_\_\_\_\_ (employee name), acknowledge receipt of a Bank of America VISA “Gold” Card with increased dollar limits. I further acknowledge that I have taken the annual “Gold” Card Cardholder training. As a “Gold” Cardholder, 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 I will strive to obtain the best value for the agency by using State contracts and other "preferred suppliers", such as eVA vendors, whenever possible.
2. I understand that my agency is liable to Bank of America for all authorized charges made on the Card.
3. I agree not to share my Card or Card number with anyone other than a vendor I am doing business with. I agree if I share my Card or Card number to anyone other than a vendor I am doing business with, my agency will take disciplinary action as a result.
4. I agree to use this Card for approved purchases only and agree not to charge personal purchases at any time. I understand that my agency and the Statewide Program Administrator will review the use of this Card and the related management reports and take appropriate action based on any discrepancies.
5. I will follow the established procedures for the use of the Card. Failure to do so may result in either revocation of my privileges or other disciplinary actions, up to and including termination of employment.
6. I agree to destroy the Card or surrender the Card to my Agency Program Administrator immediately upon request or upon termination of employment (including retirement).
7. If the Card is lost or stolen, I agree to notify the Statewide Program Administrator and Bank of America immediately.
8. I agree to successfully complete annual Cardholder training as well as sign a new employee agreement annually.
9. For Agencies utilizing eVA: I understand that in order to properly purchase goods and services, I must use eVA for those purchases that qualify and record the Purchase Card Order (PCO) number on the purchasing log.

\_\_\_\_\_  
Employee Signature/Date

\_\_\_\_\_  
Agency Name/Agency Number

\_\_\_\_\_  
Supervisor Signature/Date

\_\_\_\_\_  
I certify that the cardholder has received training. I have provided a completed copy of this agreement to the agency to be kept by their agency SPCC Program Administrator.

\_\_\_\_\_  
State “Gold” Card Program Administrator

\_\_\_\_\_  
Date

**Commonwealth of Virginia**  
**Purchasing Card Request**

\_\_\_\_\_  
Agency Name and Number

Date of Request: \_\_\_\_\_

To: \_\_\_\_\_  
Agency Program Administrator

A Purchasing Charge Card is hereby requested for the following employee under my supervision (**please print or type all information as requested below**).

Employee Name as it should appear on the Card:

\_\_\_\_\_

Employee Mailing Address:

\_\_\_\_\_

Employee Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Employee Date of Birth (MM/DD/YY): \_\_\_\_\_

Employee's Email: \_\_\_\_\_

I hereby certify that I have examined this employee's duties and estimate that the purchasing card will be used for approximately \_\_\_\_\_ transactions per month at a dollar value range of \$ \_\_\_\_\_ to \$ \_\_\_\_\_ per transaction.

**[NOTE: A "transaction" is one order placed with a vendor who accepts the card.]**

Based on these estimates, I am requesting limits of \$ \_\_\_\_\_ per transaction (not to exceed \$5,000) and \$ \_\_\_\_\_ total per month (not to exceed \$100,000) be placed on this card.

I agree and understand that at least annually the activity on all purchasing cards will be reviewed to ensure limits and card restrictions are appropriate for the card's usage. I will provide written recommendations regarding any limit changes.

I further certify that I will review and approve this cardholder's transactions and supporting documentation on a monthly basis.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Requesting Authority (Supervisor)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Employee

Approved by Agency Program Administrator: \_\_\_\_\_

Date entered into system: \_\_\_\_\_

**Commonwealth of Virginia**  
**Agency Airline Travel Card (ATC) Request**

**ALL INFORMATION REQUIRED**

Please print clearly and completely. Incomplete applications can not be processed.

Cardholder Name (First, Middle Initial, Last)	Agency Name
Mailing Address	Agency #
City, State, Zip Code	Business Phone Number (    )
E-mail Address	Date of Birth (mm/dd/yy)
Cardholder Signature	Date

I agree and understand that at least annually the activity on all Agency Airline Travel Cards (ATC) will be reviewed to ensure limits are appropriate for the card's usage. I will provide written recommendations regarding any limit changes.

I further certify that I will review and approve this cardholder's transactions and supporting documentation on a monthly basis.

Supervisor Signature	Date
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**To be filled out by the Program Administrator**

<b>Credit Limits:</b> _____ (*not to exceed \$100,000 w/o DOA approval)	<b>Single Purchase Limits:</b> _____ (*not to exceed \$5,000 w/o DOA approval)
Program Administrator – Authorizing signature for card issuance	
Program Administrator Signature	Office Telephone (Area Code and Number)

Date entered in Works:
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## **GOLD CARD PROGRAM OVERVIEW**

### **PURPOSE:**

The purpose of the “GOLD” program is to optimize the Commonwealth’s participation in electronic commerce. This will be accomplished by expanding to the maximum (as defined in the Virginia Public Procurement Act) the use of the Commonwealth’s charge card for small dollar purchases, encouraging the use of eVA and maintaining sufficient internal control. The Department of Accounts (DOA) is the Program Administrator of the GOLD card program.

### **GOLD PROGRAM ADMINISTRATION, CONTROLS, POLICIES AND PROCEDURES:**

With the exception of references to the transaction and monthly limits, all requirements of CAPP Topic 20355 are applicable to the GOLD program in addition to the items listed below. Note, however, that the GOLD program application and employee agreement differ from those found in the CAPP Topic 20355.

These controls are intended to ensure that only a minimum number of cards are issued with the maximum transaction limits. At the same time DOA intends to ensure that this payment alternative is available to those agencies and institutions that are truly in need of it, while keeping program administration time to a minimum. Even with strong controls and limited distribution of cards, it is anticipated that this will be a high maintenance program.

All instances of fraud or misuse of the GOLD card must be immediately reported to the GOLD Program Administrator (DOA) at [cca@doa.virginia.gov](mailto:cca@doa.virginia.gov).

The Department of Accounts reserves the right to modify these conditions at any time.

### **ADMINISTRATION:**

The Department of Accounts’ Charge Card Administration (CCA) Team will be the Program Administrator for the GOLD Program.

The GOLD Program Administrator will request all new, replacement, and renewal cards.

Annual training will be required of the cardholder before the DOA’s CCA Team will apply for a GOLD Card.

Cards will be valid for two years.

The initial per transaction limit for the GOLD card will be \$50,000. The initial monthly limit will be \$250,000. DOA will monitor usage to ensure that cards are being used as intended.

All changes to restrictions, transaction limits, or any other provisions of the card will be approved and carried out by the DOA GOLD Program Administrator. Change and exception requests must be submitted in writing (e-mail is acceptable) to the GOLD Program Administrator in advance of the anticipated need.

### **CARDHOLDERS:**

Agencies and institutions will request only the minimum number of cards to meet their needs.

The GOLD Program Administrator will cancel cards that are inactive for over 90 days, unless an exception has been granted for extenuating circumstances.

The agency head or designee will sign GOLD card applications.

Completed applications will be sent to the GOLD Program Administrator via fax (804-518-4954) or can be scanned and emailed to [cca@doa.virginia.gov](mailto:cca@doa.virginia.gov).

The cardholder must be a state employee of the agency or institution. Temporary staff and contract staff are not eligible for the GOLD card.

Cardholders should be a purchasing/procurement professionals as evidenced by certification from a recognized certification organization or certification by the agency head or designee that the cardholder has sufficient knowledge of the Virginia Public Procurement Act and the Agency Procurement and Surplus Property Manual. Virginia Contract Officer certification is preferred.

Cardholders must monitor the DOA website for changes to program requirements.

The security of the GOLD card will be of paramount importance. It is strongly suggested that the card be locked up when not being used.

#### DOCUMENTATION AND RECONCILIATION:

Purchase logs are required for the GOLD card and must follow all policies in CAPP 20355 regarding logs.

Monthly billing to purchasing log reconciliations and supervisory review of receipts, packing slips and reconciliations are mandatory. Supervisory signoffs will evidence this review. Reconciliations and supporting documentation must be provided to the GOLD Program Administrator upon request.

Purchasing logs must contain sufficient information for the GOLD Program Administrator, supervisory personnel, and auditors to determine what was purchased, at what price, at what vendors, and the amounts of all required quotes (written and verbal), and whether the quoted price included shipping, handling or other charges.

Due diligence documentation for purchases requiring more than one quote must be maintained and available for audit by the APA, DGS, or DOA upon request.

Record retention will be according to current approved schedules.

It will be the purchaser's and their supervisor's responsibility to ensure that all Commonwealth and agency or institution purchasing and procurement rules, regulations, policies and procedures are adhered to and that all related documentation is readily available for audit purposes.

#### BILLING AND PAYMENT:

Payments of all GOLD cards are included with the agencies Small Purchase Charge Card (SPCC) cards and will be made so that they reach Bank of America no later than the 7<sup>th</sup> of every month, using the following vendor ID number and EDI suffix: 941687665 with a suffix of 44.

Late payments, absent extenuating circumstances, may be cause to cancel all GOLD cards for the agency or institution at DOA's discretion.

# Bank of America "Gold" Card Request

Date of Request: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Agency #: \_\_\_\_\_

From: \_\_\_\_\_

To: DOA - Charge Card Administration  
"Gold" Card Program Administrator

Title: \_\_\_\_\_  
(Agency Head or Designee)

A "Gold" Card is hereby requested for the following state employee of this agency/institution (**please print or type all information as requested below**).

Name, as it should appear on the card: \_\_\_\_\_

Card Applicant's Date of Birth: \_\_\_\_\_

Card Applicant's Certification: \_\_\_\_\_ (i.e., VCO, VAC, etc.)

Card Applicant's Work Phone: (\_\_\_\_\_)\_\_\_\_\_

**Card Applicant's E-mail Address:** \_\_\_\_\_

Work Mailing Address: \_\_\_\_\_

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I hereby certify that I have examined the duties of this employee and estimate that the purchasing card will be used for approximately \_\_\_\_\_ transactions per month at a dollar value greater than \$5,000. Based on these estimates, I am requesting limits of \$\_\_\_\_\_ per transaction and \$\_\_\_\_\_ total per month be placed on this card. I recognize that infrequent use does not support justification for a "Gold" Card and that a card showing no activity for a period of three months will be cancelled. I will examine the gold cardholder's monthly logs as required by policy.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail: \_\_\_\_\_ Telephone: (\_\_\_\_\_)\_\_\_\_\_

Commonwealth of Virginia  
Bank of America  
**Works Access Request Form**

This form must be completed **only** for those individuals who only need access to an agency's reports.

Date of Request: \_\_\_\_\_

Agency Number: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Program: Purchase Card (includes SPCC & Gold) \_\_\_\_\_

Travel Card (includes Employee Paid & ATC) \_\_\_\_\_

Employee Name: \_\_\_\_\_

Employee Email Address: \_\_\_\_\_

Requested User ID: (Between 2–8 characters) \_\_\_\_\_

Employee Signature: \_\_\_\_\_

**Certification**

I, Program Administrator, for the agency listed above, certify that the above named individual may receive access to our Agency's reporting and data for the Program(s) indicated above via access to Works. I also certify that when this individual no longer requires access to Works or their access level needs to be changed I will immediately either delete the user from Works or modify their access

Agency Program Administrator Name: \_\_\_\_\_

Program Administrator Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**PA Use Only:**

Date Set up Complete in Works: \_\_\_\_\_

Email generated via Works for initial logon: \_\_\_\_\_

# Commonwealth of Virginia Purchase and Travel Card Program Program Administrator Form

Agency Number: \_\_\_\_\_

**Program (Check One):**

- Purchasing Card Only
- Travel Card Only
- Both Programs

I, \_\_\_\_\_, an Authorizing Officer of \_\_\_\_\_ (Entity Name) hereby authorize the following employee to act on behalf of the Agency in authorizing the applications of employees for a Bank of America Visa Card. Program Administrators also have the ability to close accounts, change limits, modify industry restrictions, and perform other program management functions related to the entity's cards.

The individual listed below is hereby designated as an Authorizing Officer for this entity only:

## AUTHORIZING OFFICER OF AGENCY/ENTITY

Authorizing Officer (Please Print)	Title  (     )
Authorizing Officer's Signature	Date <span style="float: right;">Phone</span>

## AUTHORIZED PROGRAM ADMINISTRATOR

### **Add New Program Administrator**

Name (Please Print) of Program Administrator to Be Added	Role (Primary or Backup)	Effective Date
Office Overnight Delivery Address	City	State      Zip
Office Mailing Address (if different from above)	City	State      Zip
(     )      (     )	E-mail Address	
Phone      Fax	Supervisor's E-mail Address	
New Program Administrator's Signature		

**\*Please Note\* New Program Administrator training must be completed before set-up will be completed.**

### **Delete Program Administrator (If Applicable)**

Name (Please Print) of Program Administrator to Be Deleted	Role (Primary or Backup)	Effective Date
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**For DOA Office Use Only:**  
**DOA LMS:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Project Analyst Complete:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**DOA Approval:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**Please Fax completed form to the Charge Card Administration Team at (804) 518-4954.**

# 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. Fax this completed form to the Charge Card Administration Team at (804) 518-4954. 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.

**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.

**For DOA Office Use Only:** This section is for DOA purposes only.

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**

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#### DOA Use Only:

DOA Approval \_\_\_\_\_ Date \_\_\_\_\_

Set up Complete: \_\_\_\_\_ User ID Assigned: \_\_\_\_\_

# Supervisor/Reviewer Checklist

(For the SPCC, Gold Card, and Agency Airline Travel Card (ATC))

**This checklist may be used by Supervisors or Reviewers as an aid to verify that the monthly reconciliation package is complete. Carefully review and confirm the following:**

- Reconciliation received on time.
- Cardholder signature and date on reconciliation.
- Bank of America monthly bill attached.
- Transaction amounts on the Bank of America statement match amounts documented on the reconciliation.
- Grand total on the reconciliation matches the amount due on the Bank of America bill.
- Transaction detail has been reviewed and all purchases are for valid business expenses.
- No sales tax was charged on any transaction.
- All accounting information is correct (e.g., Cost Code, Object Code, etc.).
- All issues that could not be immediately resolved have been noted with documentation attached to the reconciliation.
- Supervisor/Reviewer complete signature and date on reconciliation.
- Any outstanding issues have been tracked to ensure issues are resolved in a timely manner.
- Reconciliation package sent to Fiscal office or next appropriate recipient.

## **REMEMBER:**

- ◆ If there are issues with any of the above steps, contact the cardholder to have them resolved.
- ◆ Document any outstanding issues for your files and also attach documentation to the reconciliation.
- ◆ Follow-up on outstanding issues that are not resolved by the next reconciliation.