

# 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;">(    )</span> Phone

## 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
(    )                      (    )	Phone	Fax
New Program Administrator's Signature	E-mail Address	
	Supervisor's E-mail Address	

**\*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.**