

**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 _____ Phone _____

AUTHORIZED PROGRAM ADMINISTRATOR

ADD NEW PROGRAM ADMINISTRATOR

Name (Please Print) of Program Administrator to Be Deleted	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
Is this a current cardholder: Yes _____ No _____		
If yes: Does the card need to be cancelled: Yes _____ No _____		

For DOA Office Use Only:
DOA LMS: _____
Date: _____
Project Analyst Complete: _____
Date: _____
DOA Approval: _____
Date: _____

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.

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. Is the person listed to be deleted a cardholder?
5. If YES to #4, does the card need to be cancelled?

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