

GOLD CARD PROGRAM OVERVIEW

PURPOSE:

The purpose of the “GOLD” program is to optimize the Commonwealth’s participation in electronic commerce. This is 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 Administrators 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 the minimum numbers of cards with the maximum transaction limits are issued. 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 reported **IMMEDIATELY** to the GOLD Program Administrator (DOA) at 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 Administrators for the GOLD Program in regards to limit changes, etc. It is the responsibility of the agency PCard Program Administrator to complete a thorough review of all Gold card transactions monthly.

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

Annual training will be required prior to DOA’s CCA Team applying for a GOLD Card.

Cards will be valid for three years.

Generally, the initial per transaction limit for the GOLD card will be a maximum of \$50,000. The maximum initial monthly limit will be \$250,000. DOA will monitor usage to ensure that cards are 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.

CARDHOLDERS:

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

An Authorized Signatory of your agency will sign GOLD card applications. Authorized Signatories are found on the agency Cardinal Signatory Card.

Completed applications will be scanned and emailed to the GOLD Program Administrator at cca@doa.virginia.gov.

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

It is recommended (but not required) that the Cardholder be a purchasing/procurement professional as evidenced by a certification from a recognized organization or by the agency's Authorizing Officer. The Authorizing Officer must agree that the cardholder is proficient in the 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 the 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 exactly what was purchased, at what price, the vendors and 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 currently 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 7th of every month, using the following vendor ID number and Cardinal Location: 941687665 and select "Main" as the location.

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

ANNUAL REVIEW by DOA:

All Gold Cards will be reviewed annually to determine if credit and single transaction limits are sufficient. If the cardholder's spend does not support the assigned limits, we will adjust them accordingly. It is recommended that the card be closed with the option of obtaining a Pcard to pay for goods and services.

Bank of America "Gold" Card Request

Date of Request _____

Agency _____ Agency #: _____

From: _____ To: DOA, Charge Card Administration

Title: _____ "Gold" Card Program Administrator
(Cardinal Authorized Signatory)

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 Employee ID Number: _____

Card Applicant's Certification: _____ (VCO, VCA etc. Recommended but not required)

Card Applicant's Work Phone: (____) _____

Card Applicant's e-mail: _____

Work Mailing Address:

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 greater than \$10,000. 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 justify a "gold" card and that a card showing no activity for a period of three months will be cancelled. I will examine this cardholder's monthly logs as required by policy.

Signed: _____ Date: _____

E-mail: _____ Telephone: (____) _____

Gold Cardholder Training Certificate and Gold Cardholder Employee Agreement Form must be included with Gold Card Request.

Bank of America “Gold” Card Request

Supplemental Gold Card Applicant questions:

1. Describe the type and frequency of purchases that the Gold card will be used for.

2. What restrictions, if any, must be lifted from the applicant’s Gold Card and why?

3. Does applicant currently have a Small Purchase Charge Card (SPCC)? _____
If yes, provide last 4 digits? _____

****Email CCA (cca@doa.virginia.gov) to advise Gold Card is received and activated and SPCC account has been closed****

**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. I agree not to use my card to pay for past due invoices to circumvent Prompt Pay policies and procedures;
10. 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.
11. I agree not to write down or share my Card’s pin number with anyone, including my Agency Program Administrator or Bank of America.
12. I understand that Chip and PIN technology is only utilized at point of sale by vendors who have chip enabled terminals.
13. I will not store my card number on any mobile devices, nor will I utilize any type of mobile payment or digital wallet service such as Apple Pay, Google Pay, Samsung Pay, etc.

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 (Department of Accounts)

Date

Please scan/email completed form to cca@doa.virginia.gov