Commonwealth of Virginia
Purchase and Travel Card Program
Program Administrator Form

Agency Number: _____   <mark>****Please include a copy of training certificate with form submission****</mark>

Program (Check One):
☐ Purchasing Card Only
☐ IL Travel Card Only
☐ ATC Card Only
☐ Both TRAVEL Programs
☐ ALL Card Programs

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   E-mail Address

_____   _____
New Program Administrator's Signature   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

Is this a current cardholder? Yes_____No _____   **If yes: Does the card need to be cancelled?**
Yes_____No_____

AUTHORIZING OFFICER OF AGENCY/ENTITY

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 (Please Print)   Title
                                       ( )_____
_____   _____
Authorizing Officer's Signature   Date   Phone

Revised 9/14/17 - JS

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?

Scan and Email Page 1 only of this form to cca@doa.virginia.gov