

**Commonwealth of Virginia
Purchase and Travel Card
PROGRAM ADMINISTRATOR FORM
State Agency**

Agency Number: _____

****Copy of Training Certificate required with submission****

Program (Check One):

- Purchasing Card Only
- IL Travel Card Only
- ATC Card Only
- Both TRAVEL Programs
- ALL Card Programs

For CCA Use ONLY	
CCA	_____
Works	_____
PC	_____
Intellilink	_____

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	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

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 three digit State Agency 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.

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. Copy of Training Certificate is required with submission.

Delete Program Administrator: This information pertains to the individual you are requesting to delete 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?- Does 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?

AUTHORIZING OFFICER OF AGENCY/ENTITY

Authorizing Officer: This must be your Agency/Entity head or designee. See Agency Cardinal Signatory Form for full list of Authorized Signatures.

Entity Name: Enter your complete Agency/Entity name.

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).

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