



VCU Procurement Services

Bank of America

Employee Paid (Individual Liability) Travel Card Employee Request & Agreement

I, _____, acknowledge that upon receipt of a Bank of America VISA Employee Paid (Individual Liability) Travel Card. As a Cardholder, I agree to comply with the following terms and conditions regarding my use of the Card:

(Print Employee Name Here)

1. I understand that I am being entrusted with a valuable tool, which I will use to obtain travel related services, will be making financial commitments on behalf of myself, and will strive to obtain the best value for VCU.
2. I understand that I am liable to Bank of America, for all authorized charges made on the Card.
3. I understand that Bank of America will send my card to the address on my card application and I will immediately notify Bank of America for any changes to my address and phone number.
4. I agree to use this Card for official VCU business travel only and agree not to charge personal purchases at any time. I understand that VCU will review the use of this Card and will 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 return the Card immediately upon request or upon termination of employment (including retirement) to include deducting any balance owed on my card at the time of termination from final paychecks.
7. If the Card is lost or stolen, I agree to notify Bank of America and the Corporate Card Program Administrator and immediately.
8. I agree that I will pay the total amount due by the statement due date regardless if I have been reimbursed for those expenses.
9. I agree that if my Card balance becomes delinquent past **61 days**, the agency will deduct the delinquent funds from my paycheck, at 100 percent, until the balance is paid in full. All payments will be made directly to Bank of America. _____ (INITIAL HERE)
10. I agree not to send my entire 16-digit account number via email (including attachments), regular mail, or fax, or to photocopy the Card for any reason in order to keep my Card number as secure as possible.
11. I agree to hold the Card in a secure location so that no one else can access the Card and agree to not share my card number or other pertinent card information with anyone other than a vendor I am doing business with.
12. I agree not to write down or share my Card's pin number with anyone, including my Program Administrator or Bank of America.
13. I understand that Chip and PIN technology is only utilized at point of sale by vendors who have chip enabled terminals.

Employee Work Address (Campus Box):

Employee Home Address (No P.O. Boxes):

Work Phone No.: _____

Home Phone No.: _____

V # _____ Dept # _____

Employee Date of Birth: _____

Employee's Name as it should appear on the Card

Employee's Email Address

Employee's Signature

Supervisor's Signature

Date

Date

Limit Requested: \$5,000 (Standard) Other: _____ (If higher limit is requested justification is required at time of application submittal.)

PA USE ONLY

Program Administrator's Signature

Date

App Received Date _____

App Processed Date _____

Training Completion Date _____

Updated 7.19.17