

CORPORATE PURCHASING CARD EMPLOYEE AGREEMENT

I, _____, (*print name as it should appear on card*) hereby request a Corporate Purchasing Card. As a Card member, 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 will strive to obtain the best value for the University by using established and mandatory contracts as identified by VCU Procurement.
- 2. I understand that the cardholder and department are subject to post-audit review of transactions to ensure compliance with applicable procedures.
- 3. I understand that my agency is liable to card provider for all charges made on the Card.
- 4. I agree to use the Card for approved business purchases <u>only</u> and agree not to charge personal purchases even though I may intend to repay them. I understand that charging any personal purchase to this card could be treated as embezzlement. I understand that my agency will review the use of this Card and the related management reports and take appropriate action on any discrepancies. See compliance.
- 5. I will follow the established procedures for the use of the Card including, but not limited to, mandatory annual training. In addition, I expressly agree to not share my card or card number with anyone other than a vendor I am doing business with. Failure to do so may result in either revocation of my privileges and/or other disciplinary actions, including termination of employment.
- 6. I agree to return or destroy the Card immediately upon request or upon termination of employment (including retirement).
- 7. If the Card is lost or stolen, I agree to notify the Program Administrator and the card provider immediately.
- 8. I agree not to write down or share my Card's PIN number with anyone, including my Agency Program Administrator or Bank of America.
- 9. I understand that Chip and PIN technology is only utilized at point of sale by vendors who have chip enabled terminals.
- 10. 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.

By signing below, cardholder & supervisor acknowledge cardholder's responsibility to reconcile the Department Transaction Report, which requires timely review & approval by the <mark>Authorized Approver.</mark> By signing the next page, the Authorized Approver acknowledges the Authorized Approver Responsibilities attached.

Employee's Signature	Standard P-card Limits:\$2500 Transaction/\$5000 Credit Indicate below if lower or higher limits are needed Transaction Limit:	
Date		
Date of Birth	- Credit Limit:	
Authorized Approver Name	_	
Cardholder Email Address	Supervisor's Name Printed	
Campus Box #	— Supervisor's Signature	Date
Cardholder Phone #	RETURN FORM VIA SCAN TO:	Corpcard@vcu.edu
Index #	PA USE ONLY	
Dept # associated with Index**	V# PA Signature	Training Completion Date

Department Number associated with Index number can be found using The Chart of Accounts

AUTHORIZED APPROVER RESPONSIBILITIES

The Authorized Approver plays a critical role in the reconciliation process and must follow the guidelines below

- Verify all purchases made are valid business expenses and comply with policies and procedures;
- Carefully review the Department Transaction Report and supporting documentation to verify amounts match;
- Ensure all receipts are original receipts and vigorously question any receipt which does not appear in all respects to be an original receipt;
- Confirm state sales tax has not been paid. If paid, have cardholder contact vendor for refund and document the reconciliation accordingly;
- Verify transactions were not processed separately (split) to circumvent established limits;
- Report noncompliance to Corporate Card Administration Team at corpcard@vcu.edu;
- Review the system generated Department Transaction Report and sign off electronically each month before the next cycle closes (approximately the 15th of each month). Failure to review cardholder's reconciliations timely could result in loss of cardholder's P-card privileges;
- Understand that by signing off online the Authorized Approver is acknowledging that the reviewer has seen the items and can verify receipt. If the Authorized Approver did not see the items, then supporting documentation such as an email from someone other than the cardholder must be obtained;
- Retain all file documentation after approval (paper documentation or image/scans). Make certain, if scanned, documents are clearly legible and not altered. If documentation is imaged/scanned, ensure that the cardholder has no access to destroy or modify the imaged documentation once it has been scanned. A best practice would be to upload receipts to Works. All supporting documentation (e.g. original packing slips, original receipts, etc.) must be retained by the Authorized Approver for the current fiscal year plus three additional fiscal years if not uploaded to Bank of America Works. These records are subject to review by University officials and auditors. Reconcile by confirming the charges on the Department Transaction Report match the charges in Banner.
- Complete mandatory annual training;
- Notify the Corporate Card Administrator immediately of any potential fraud;
- Monitor transaction/credit limits for appropriateness;
- Send an e-mail to the Corporate Card Administration Team at corpcard@vcu.edu for changes to the Card including, but not limited to:
 - o Name changes
 - o Changes to the accounting information (i.e. index number, department, etc)
 - o Request to increase/decrease on transaction/monthly limits
- Notify the Corporate Card Administration Team at corpcard@vcu.edu to cancel the card if a cardholder transfers to
 another department or leaves the University. The supervisor or Authorized Approver should ensure the card is
 destroyed;
- Resources:
 - Bank of America Works https://payment2.works.com
 - o Office of Procurement Services https://procurement.vcu.edu/i-want-to/use-a-p-card/

Name of Cardholder

Name of Authorized Approver

Signature of Authorized Approver

Date