

**OLD DOMINION UNIVERSITY**  
**Part 1 of 2**  
**BANK OF AMERICA VISA PURCHASING CARD**  
**Employee Agreement**

I, \_\_\_\_\_, (*print name as it should appear on card*) hereby request a Bank of America Visa Purchasing Card. As an applicant, I certify that my Supervisor and I have both completed the Department of Materiel Management's mandatory SWaM training. As a 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 will strive to obtain the best value for the agency by using State contracts and other "preferred suppliers" as identified by the Agency's Purchasing Department.
2. I understand my Agency is liable to Bank of America for all authorized charges made on the Card.
3. I agree to not 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 with 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. I understand my agency will review the use of this Card and related management reports and take appropriate action on any discrepancies.
5. I agree to return the Card immediately upon request or upon termination of employment (including retirement). Should there be any organizational change that causes my cost center to change, I also agree to return my Card and arrange for a new one, if appropriate.
6. If the Card is lost or stolen, I agree to notify Bank of America, the University's Program Administrator and my Supervisor immediately.
7. When returning merchandise, I will specifically request the charge be credited to the Purchasing Card.
8. I agree to follow the SPCC related policies and procedures defined in Materiel Management's SWaM training, and fully understand that failure to comply may result in the revocation of my Card use privileges and/or disciplinary action.
9. I agree to follow all State regulations and established University Policies and Procedures related to procurement and the purchasing card. Failure to do so may result in the revocation of my Card use privileges and/or disciplinary action.
10. I agree to successfully complete annual Cardholder training as well as sign a new employee agreement at each card renewal period.

**ALL INFORMATION MUST BE COMPLETE TO PROCESS APPLICATION**

University Employee's Signature      Date	Cardholder's Supervisor Name Printed
University Identification Number	Cardholder's Supervisor Signature      Date
Department Name	
Department Mailing Address	Budget Unit Director's Signature      Date
Phone Number	
Email Address	
Birth Date-mm/dd/yyyy (Security code)	Program Administrator's Signature      Date

Part 2 of 2

Request and Projected Activity Analysis Form

To be completed by the Applicant's Supervisor

ALL INFORMATION MUST BE COMPLETE TO PROCESS APPLICATION

A Small Purchase Charge Card (SPCC) is hereby requested for the following University employee under my supervision.

Name of University Employee: \_\_\_\_\_

Employee's Title: \_\_\_\_\_

Budget Code(s) authorized to use: \_\_\_\_\_

Table with 4 columns: Type of Purchases, (a) Total \$ Purchased per Month, (b) Number of Transactions per Month, (c) Average \$ per Transaction (a ÷ b = c). Rows include Materials and Supplies, Equipment, General services (e.g., conference fees, express mail and maintenance), and Air and Rail Tickets.

Based on the above estimates, I am requesting limits of \$ \_\_\_\_\_ per transaction (not to exceed \$2,000) and \$ \_\_\_\_\_ total per month (not to exceed \$25,000) to be placed on this card.

By signing below as the Supervisor, I acknowledge responsibility for the cardholder's use of the card, reviewing and approving the cardholder's transactions (logs, statements, receipts, and other supporting documents) on a monthly basis. I further agree to examine the cardholder's activity annually and provide a written analysis of the card usage and recommendations regarding limit changes.

Cardholder's Supervisor Signature: \_\_\_\_\_ Original Signature Required

Signature of Budget Unit Director: \_\_\_\_\_ Original Signature Required

Date: \_\_\_\_\_

\*Date of SWaM Training completion by Applicant: \_\_\_\_\_

\*Date of SWaM Training completion by Supervisor: \_\_\_\_\_

Please do not submit application prior to completion of SWaM training.

To be completed when training is complete and card issued:

I, \_\_\_\_\_, acknowledge receipt of a Bank of America Purchasing Card.

\_\_\_\_\_ Date of Training

\_\_\_\_\_ Date Card Issued

Program Administrator Signature: \_\_\_\_\_

# Bank of America Visa Purchasing Card

## Information and Instructions.

**Please read and retain as a reference for training, login, and card activation information.**

The purchasing card program is designed to streamline the procurement process for small dollar transactions. This process reduces the administrative costs for the departments and the University as a whole.

The Small Purchase Charge Card (SPCC) is intended for **University faculty and staff** who have a frequent need to purchase small dollar goods and services. Foundation employees are not eligible for a card under the Commonwealth's program. Cardholders have the opportunity to purchase directly from vendors goods and services up to the transaction amounts recommended by the applicant's supervisor on the request form.

Applicants, Supervisors, and Budget Unit Directors must complete and sign the Employee Agreement and Request/Activity Analysis Forms. All information must be complete to process the application. Incomplete applications will be returned.

### **Return completed and signed forms to:**

Arcelia D. Barcliff, University Program Administrator  
Old Dominion University  
Department of Materiel Management  
4401 Powhatan Ave., Suite 111  
Norfolk, VA 23529  
757-683-5790

**Supervisors and Applicants must complete the mandatory SWaM Procurement Training before submitting the application to Materiel Management. The training can be found at the url listed below:**

<http://www.odu.edu/af/materiel/training/>

Upon SWaM training verification, and receipt of the completed and signed card application, the Program Administrator will electronically send a Responsibility Acknowledgement Form to the Supervisor. In addition to the form, the electronic transmission will contain the University Policy and Procedure and other related documentation for the SPCC program. If the Supervisor has not previously completed the mandatory annual state training, the information and location for the computer-based training will be provided in a separate email. The Responsibility form must be signed and returned to the Program Administrator. Upon receipt of this signed Responsibility form and completion of the mandatory supervisor training, if applicable, the card application will be processed with Bank of America.

The Program Administrator will process the card application; the Bank of America Works system will generate a one-time use "Welcome" email to the applicant containing their login information for the Works system. Please do not delete this email. Follow the instructions to create your login password.

The User name will be a combination of our Agency code and the applicant's name.

Ex: 221\_Firstname\_Lastname

The Applicant will be notified by email when the card has arrived and of the date, time, and location of the next scheduled training session. A separate email containing information for the mandatory online State training will also be sent. If the applicant is located off site and outside of the region a telephone training session can be arranged. Please notify the Program Administrator if this applies to you.

If the Applicant has completed the mandatory online State Cardholder training, the plastic card will be distributed during the Agency training session, your activation code for the Visa purchasing card is a combination of our Agency code and your birth date (mmddyy).

Ex: 221122709

Thank you for your interest in the Purchasing Card Program.