

Commonwealth of Virginia & 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. By signing in the Employee Signature field below, 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 tool, which I will use to obtain **official state business travel related services only** and will be **making financial commitments on behalf of MYSELF**, and will strive to obtain the best value for UMW. I agree to NOT pay for anyone else's expenses on the Card other than my own. I agree to use this Card for official state business travel only and **agree NOT to charge personal purchases** at any time. I understand that UMW and the State Comptroller's office in Richmond will review every transaction made on this Card and will take appropriate action based on any discrepancies.
2. I understand that **I am liable** to Bank of America (BoFA) for all authorized charges made on the Card—whether or not I have received reimbursement from UMW. I agree that I will pay the TOTAL due on the bill to BoFA IN FULL each month in time for the payment TO POST on the BoFA system no later than the 15th of each month. I understand that MY PERSONAL CREIDT may be negatively affected if payment is not made to BoFA in a timely manner. I agree that if my Card balance becomes delinquent past 61 days, I allow UMW to deduct the delinquent funds from my paycheck, at 100percent, until the balance is paid in full. In addition, if my employment terminates for any reason, and there is a balance on my account, I agree to allow UMW to follow Payroll regulations to withhold the balance due. All payments will be made directly to Bank of America. SIGN HERE _____
3. I understand that Bank of America will send my card to the HOME address on my card application and I will immediately notify Bank of America for any changes to my address and phone number.
4. I will follow the established procedures for the use of the Card, including annual online training that is required by the state Comptroller's office in Richmond. Failure to do so may result in either revocation of my privileges or other disciplinary actions, up to and including termination of employment.
5. 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, as listed in #2 above.
6. If the Card is lost or stolen, I agree to notify Bank of America and the Agency Travel Program Administrator and immediately.
7. 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.
8. 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.
9. I agree not to write down or share my Card's pin number with anyone, including my Agency Program Administrator or Bank of America.
10. I understand that Chip and PIN technology is only utilized at point of sale by vendors who have chip enabled terminals.

Employee Work Address:

Employee Home Address:

Work Phone No.: _____

Home Phone No.: _____

Employee ID# _____

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

Traveler's Cycle Limit Preference: \$1,000 (Light) \$1,500 (Moderate) \$2,500 (Frequent) \$5,000 (Constant)

PA USE ONLY

Program Administrator's Signature

Date

App Received Date _____

App Processed Date _____

Training Completion Date _____

Card Received Date: _____

Card Expiration Date: _____