

Gold Card Delegated Purchasing Authority

Commonwealth of Virginia, University of Mary Washington
Bank of America Gold Card

Approver Delegation Acknowledgement

By my signature below, I hereby delegate authority for the Cardholder listed below to make purchases for goods and services on behalf of the University of Mary Washington, not exceeding \$50,000 per transaction, for which I have been assigned budgetary responsibility.

I agree to comply with all laws, policies, procedures, and regulations of the Commonwealth of Virginia and the University of Mary Washington and will not contractually obligate the University, including verbal and otherwise non-verbal commitments, without having received prior authorization and in accordance with applicable laws. If I am found responsible for circumventing applicable laws, policies, or procedures, I may be subject to disciplinary action.

Approver Full Name: _____

Title: _____ **Department:** _____

Approver Signature: _____ **Date:** _____

Cardholder Delegation Acceptance

By my signature below, I hereby accept delegated purchasing authority for goods and services on behalf of the University of Mary Washington.

I agree to comply with all laws, policies, procedures, and regulations of the Commonwealth of Virginia and the University of Mary Washington and will not contractually obligate the University, including verbal and otherwise non-verbal commitments, without having received prior authorization and in accordance with applicable laws. I acknowledge I will be subject to the SPCC Non-Compliances & Consequences Policy and/or disciplinary action if I am found responsible for circumventing applicable laws, policies, or procedures.

I further agree that the threshold of my authority shall not exceed \$50,000 per transaction and will act in accordance with this limit. I understand that I am conducting business on behalf of the University and am held in a position of trust which dictates that my actions be governed by the highest standards of personal and business conduct.

Cardholder Full Name: _____ **Department:** _____

Cardholder Signature: _____ **Date:** _____

Procurement Services Use Only

Program Administrator (or PA Backup) Name: _____ **Date:** _____

Program Administrator (or PA Backup) Signature: _____