

## SPCC Cardholder and Approver User Agreement

Commonwealth of Virginia, University of Mary Washington  
Bank of America Small Purchase Charge Card (SPCC)

### Cardholder Acknowledgement of Responsibilities

I, \_\_\_\_\_ acknowledge receipt of a Small Purchase Charge Card (SPCC) and agree to abide by all the following statements below, understanding that failure to do so may result in appropriate disciplinary action:

1. I understand that I am being entrusted with a valuable purchasing tool and will be making financial commitments on behalf of my agency. I will strive to obtain the best value for UMW by means of using contracts, DSBSD-certified Businesses as required, following state and UMW laws, policies and procedures, and other mandatory and exclusive suppliers as identified by Procurement Services.
2. I agree to not share sensitive information pertaining to my Card (via fax, email, or in any written document) with anyone other than vendors with which I am doing business. This includes not sharing my card with other faculty, staff, or students. Doing so will result in disciplinary action by UMW. I agree never to share the following information, including but not limited to: 16-digit card number, CVV code, expiration date, or my PIN (not to be shared with *anyone*).
3. I agree to use my Card for university-approved official state business purchases and payments, that are within department budget appropriations, only; and agree not to knowingly charge personal purchases at any time. I understand that any personal charges made on the SPCC may result in payroll deduction.
4. I understand that UMW will review the use of this Card and the related management reports and take appropriate action based on any results.
5. I understand that UMW is liable to Bank of America for all authorized charges made on my Card. Therefore, if an unauthorized charge is made with my Card, I may be required to reimburse UMW in the amount of the charge(s).
6. I understand that UMW is tax exempt and agree to ensure no state sales tax is charged on any of my purchases. If I do get charged sales tax, I will make every effort to get it refunded, and if not successful, I may be required to reimburse UMW in the amount of the tax.
7. I agree to return my Card immediately upon request by UMW's Program Administrator or upon termination of employment (including retirement). I also agree if I must leave the agency on a temporary basis for reasons such as but not limited to military leave, sabbatical, summer leave (10-month staff), or other personal reasons, I will notify UMW's Program Administrator immediately and my Card will be suspended for this period.
8. I agree to complete all FOAPAL allocation, document attachments, and transaction sign-off in a timely manner, prior to established deadlines. Failure to do so may result in appropriate consequences including written notices, additional training, or card suspension based on the frequency of the infraction. I also agree to communicate with the SPCC Program Administrators in the event of any challenges with timely reconciliation of my account.
9. I agree to successfully complete the required annual SPCC training as well as sign new Cardholder and Approver User Agreement and Delegated Purchasing Authority forms at each card renewal period (every five years) or as requested by the Program Administrators.

10. If my Card is lost or stolen, I agree to notify Bank of America and UMW's Program Administrator immediately.
11. I agree not to use my Card to pay for past due invoices to circumvent Prompt Pay policies and procedures. I will submit a request to UMW's Program Administrator for DOA Late Pay Approval *prior* to making a payment in the rare event that I have a past due invoice.
12. I understand that I must use eVA for qualifying purchases. I understand that I am responsible for managing these purchase orders appropriately, including creating change orders as applicable and closing out purchase orders as needed at the end of each fiscal year.
13. I understand that I am responsible for maintaining a payment card file (physical or electronic) for each billing cycle to include the billing statement and all supporting documentation (certified business quote, pre-approvals, purchase order, invoice, receipt, etc.) for each transaction posted within that statement. I agree to provide these records promptly upon request of internal or external reviewers or auditors. I further agree to keep these records for the required Library of Virginia 3-year retention period and to provide them to my current supervisor upon leaving the University.
14. I understand that Card inactivity that exceeds 120 days will result in re-evaluation by UMW's Program Administrator as to the necessity of the Card account and/or cancellation of the account.
15. I understand that Chip and PIN technology is only utilized at point of sale by vendors who have chip enabled terminals.
16. 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.
17. I will keep all accounts used for business purposes, through which I will use my SPCC, separate from my personal accounts, including but not limited to PayPal, eBay, and Amazon.
18. I agree to follow the established laws, policies and procedures for the use of my Card. Failure to do so may result in either revocation of my privileges or other disciplinary actions, up to and including termination of employment.

**Cardholder Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Approver Acknowledgement of Responsibilities

I, \_\_\_\_\_ acknowledge that I have been given transaction approval authority within the Small Purchase Charge Card (SPCC) Program and agree to abide by all the following statements below, understanding that failure to do so may result in appropriate disciplinary action for myself or my designated Cardholder(s).

1. I understand that I am being entrusted with ensuring all Cardholders under my purview follow all University and state laws, policies, and procedures as they relate to Virginia state procurement and the Charge Card Program.
2. I agree to review all transactions made by all Cardholders under my purview to ensure the following:

- All transactions made are for university-approved official state business purposes only.
  - No state sales tax is charged on any purchase. If it is, I will ensure the Cardholder receives a credit for the tax amount. If that is not possible, I will ensure that the tax amount is paid back to the University.
  - All FOAPAL allocations (GL01-04, GL09, and GL10) are accurate and all applicable documents are attached to each transaction in Bank of America Works.
  - Transaction sign off occurs in a timely manner, prior to established deadlines. I understand that failure of my Cardholder(s) to do so may result in appropriate consequences for them including written notices, additional training, or card suspension based on the frequency and severity of the infraction.
3. I agree to complete all transaction reviews and sign-offs in a timely manner, prior to established deadlines. I understand that my failure to do so may result in appropriate consequences including written notices, additional training, or suspension of my Cardholder's card based on the frequency and severity of the infraction.
  4. I agree to successfully complete all required annual SPCC Approver training by the established deadline, as well as sign new User Agreement and Delegated Purchasing Authority forms at each card renewal period (every five years) or as requested by the Program Administrator.
  5. I understand that if my Cardholder's card reaches 120 days of inactivity, the Program Administrator is required to close the card.
  6. I understand that the ultimate responsibility for my Cardholders' use of the SPCC is mine as their Approver, inclusive of the terms above.
  7. I acknowledge that I have read and understand the responsibilities of the Cardholder above.

**Approver Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Procurement Services Use Only

**Program Administrator (or PA Backup) Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Program Administrator (or PA Backup) Signature:** \_\_\_\_\_