

Material Management and Purchasing

Local Fund Program Card Request

BANK OF AMERICA VISA

Agency Name and Number: Longwood University, A214 Date of Request: _____

TO: Erin Evans
Program Administrator

FROM: _____

Unit Manager/Supervisor

Supervisor: if you will be approving online transactions, and need access to BOA Works, please check here. If you already have access to BOA Works, please indicate so. _____

A purchasing charge card is hereby requested for the following employee under my supervision (**please print or type all information as requested below**).

Name as it should appear in BOA Works: _____

Campus Address: _____

Employee's Work Phone: (____) _____

Employee's Email: _____

Employee's Date of Birth (MM/DD/YY): _____

(Date of birth is required for the cardholder's Security Code with BOA VISA)

Department standard operating budget (required in the system): _____

Estimated number of transactions per billing period: _____

I hereby certify that I have examined this employee's duties and based on these estimates, I am requesting a limit of (circle one)

\$1,000 \$2,000 \$3,000

\$4,000 \$5,000

total **per month** (not to exceed \$5,000) be placed on this Card. I agree and understand that at least annually the activity on this card will be reviewed to ensure limits and card restrictions are appropriate for the Cards usage. I will provide written recommendations regarding limit changes.

I further certify that I will review and approve this cardholder's transactions and supporting documentation on a monthly basis.

Signed: _____ Date: _____
Requesting Authority (Supervisor)

Signed: _____ Date: _____
Employee Requesting Access

Approved by Program Administrator: _____

Date Turbo file submitted to DOA: _____