LONGWOOD			
Materiel Management and Purchas	UNI Sing	V E R	SITY
	8		
Longwood University State Corporate F	urchasing	Card Requ	iest
BANK OF AMERICA	VISA		
Agency Name and Number: Longwood University, A214	Date of Requ	lest:	
TO: Erin Evans Program Administrator			
FROM: Unit Manager/Supervisor Supervisor: if you will be approving visa transactions check here. If you already have access to BOA Works, p			
A purchasing charge card is hereby requested for the following em or type all information as requested below).	ployee under	my supervisi	on ( <b>please print</b>
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 E   Department standard operating budget (required in the system):   For Cardholders Only:	BOA VISA)		
I hereby certify that I have examined my duties and estimate that the card will be used for approximately	er billing perieds \$10,000).	od at a dollar	value
Based on these estimates, I am requesting a limit of (circle one)	\$1,000	\$2,000	\$3,000
	\$4,000	\$5,000	
<b>per transaction</b> (not to exceed \$5,000) and \$10,000 total <b>per mor</b> on this Card. I agree and understand that at least annually the activ limits and card restrictions are appropriate for the Cards usage. I w regarding limit changes.	vity on this car	rd will be rev	iewed to ensure
I further certify that I will review and approve this cardholder's tra a monthly basis.	nsactions and	supporting d	ocumentation on
Signed:	Date:		
Signed: Requesting Authority (Supervisor)			
Signed:	Date:		

Employee Requesting Access

Approved by Program Administrator:

Date Turbo file submitted to DOA: