

Old Dominion University
Commonwealth of Virginia
Bank of America
Employee Paid (Individual Liability) Travel Card
Employee Agreement (required at least every 3 years)

I, _____, (Enter employee name here), acknowledge receipt of a Bank of America Visa Employee Paid (Individual Liability) Travel Card. As a Cardholder, 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 travel related services and will be making financial commitments on behalf of myself and will strive to obtain the best value for the agency.
2. I understand that I am liable to Bank of America for all authorized charges made on the Card.
- 3.