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| **Background pattern  Description automatically generated with medium confidence****PURCHASING CARD PLAN APPROVER AGREEMENT** |
| **State of Georgia Purchasing Card Program** |
| *Use the “tab” key to navigate through the form fields.* |
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|  | “     ” has designated you as an approver of one or more Purchasing Cards. This responsibility represents trust in you and your empowerment as a responsible agent to safeguard and protect State of Georgia assets.I,     , Employee ID #     , hereby acknowledge and agree to comply with the following terms and conditions relating to my role as Purchasing Card Approver.1. As an authorized card approver, I agree to comply with the terms and conditions of this Agreement and with the provisions of the Purchasing Card Policy. I have received a copy of the Statewide Purchasing Card Policy and the “     ” policy and confirm that I have read and understand the terms and conditions of both. In addition, I have completed the required Purchasing Card Training.
2. I understand that “     ” is liable for charges on Purchasing Cards in accordance with the statewide contract agreement with Bank of America.
3. I agree to only approve official business purchases and agree not to approve personal purchases.
4. I acknowledge that I am subject to the same disciplinary actions as those making the purchases, if I knowingly, or through willful neglect, approve personal, fraudulent, or otherwise prohibited purchases.
5. I understand that I must have a thorough knowledge of the cardholders’ job responsibilities to determine if purchases are job-related or otherwise authorized.
6. I agree to notify “     ” Purchasing Card Program Administrator at “     ” or “     ” if my name or contact information changes. I further acknowledge that name changes will require proof of change, i.e. copy of marriage license or decree of legal change.
7. I understand that the approval of improper or fraudulent use of the Purchasing Card may result in disciplinary action, up to and including termination of my employment. I further understand that “     ” or State Purchasing may terminate my ability to approve purchases made on Purchasing Cards at any time for any reason.

Agreed and accepted this       day of       20     . |  |
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|  | **CARD APPROVER** |  |
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|  | Printed Name |  | Phone |  |
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|  | **CHIEF FINANCIAL OFFICER** |  |
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|  | Signature |  | Date |  |
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|  | Printed Name |  | Phone |  |
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