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| **Background pattern  Description automatically generated with medium confidence****PURCHASING CARD PLAN ADMINISTRATOR AGREEMENT** |
| **State of Georgia Purchasing Card Program** |
| *Use the “tab” key to navigate through the form fields.* |
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|  | You have been designated as the Card Administrator for Purchasing Cards at Insert Entity Name. 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 that I have been designated as the Purchasing Card Program Administrator for Insert Entity Name.1. As the designated Purchasing Card Program Administrator for Insert Entity Name, 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 Purchasing Card Policy and confirm that I have read and understand its terms and conditions. In addition, I have completed the required Purchasing Card Administrator Training.
2. I understand that Insert Entity Name is liable for charges on Purchasing Cards in accordance with the statewide contract agreement with Bank of America.
3. As the Purchasing Card Program Administrator, I agree that I am responsible for the duties outlined in the Statewide Purchasing Card Policy. These duties include but are not limited to:
4. Serving as the main point-of-contact for all cardholders
5. Serving as a liaison between the Insert Entity Name and the Georgia Department of Administrative Services
6. Ensuring a self-assessment is conducted annually of Purchasing Card transactions
7. Evaluating cardholder spending limits against actual usage at least annually
8. Developing Purchasing Card policies and procedures to ensure a sound system of internal control
9. Reporting misuse, abuse, and fraud of Purchasing Cards to the Georgia Department of Administrative Services
10. Ensuring that cardholders and cardholder approvers are trained and given refresher training at least annually
11. Develops and maintains the Insert Entity Name internal P-Card policy to address policy areas unique to Insert Entity Name or that are not covered by the *Statewide Purchasing Card Policy*
12. I understand that Insert Entity Name or State Purchasing may terminate my ability to administer the Purchasing Card Program at any time for any reason.

Agreed and accepted this       day of       20     . |  |
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|  | **PURCHASING CARD ADMINISTRATOR** |  |
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|  | Signature |  | Date |  |
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|  | **CHIEF FINANCIAL OFFICER/ENTITY HEAD** |  |
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