|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Background pattern  Description automatically generated with medium confidence**  **PURCHASING CARD PLAN CHIEF FINANCIAL OFFICER AGREEMENT** | | | | | |
| **State of Georgia Purchasing Card Program** | | | | | |
| *Use the “tab” key to navigate through the form fields.* | | | | | |
|  | | | | | |
|  |  | | | |  |
|  | | | |  |
|  | | | |
|  | |  |  |
|  | I,      , Employee ID #      , hereby acknowledge and agree to comply with the following terms and conditions relating to my role as the Chief Financial Officer for      , as it relates to the Purchasing Card program:   1. To establish an internal control structure at       that ensures compliance with State procurement laws, the Georgia Procurement Manual, the Statewide Purchasing Card Policy, State Accounting Office policies and procedures, sound accounting practices, and internal       policies and procedures. 2. As Chief Financial Officer, I agree to complete the required Chief Financial Officers Card Program Training Module located in the Learning Management System (LMS). 3. I understand, I am responsible for appointing the P-Card Administrator for the      . 4. I understand I am responsible for approving each cardholder’s application once submitted and approved by the Purchasing Card Program Administrator. 5. I understand I am responsible for approving the annual Purchasing Card self-assessment. The self-assessment will include a review of the adequacy of: 6. Internal policies and procedures 7. Cardholder spending limits 8. Monthly reconciliation procedures 9. Transaction documentation 10. I understand I am responsible for ensuring that Purchasing Card spend is reviewed annually and cards with little or no usage are identified and analyzed to determine if they are still needed. 11. I understand that       is liable for charges on Purchasing Cards in accordance with the statewide contract agreement with Bank of America. 12. I understand that as Chief Financial Officer I am not authorized to be a cardholder. 13. I understand that cardholders are prohibited from using the Purchasing Card for the purchase of any goods or services not directly or indirectly related to official State of Georgia business and that cardholders are prohibited from splitting a transaction between two or more accounts to circumvent competitive solicitation requirements. 14. I understand that cardholder misuse, abuse and fraud must be reported to the Georgia Department of Administrative Services. 15. I agree to limit the number of cardholders assigned to an approver to ensure adequate review of each purchase. 16. I agree to ensure that adequate segregation of duties exists between cardholders making transactions, reconciling transactions, and approving transactions. 17. I agree to review and approve policies in conjunction with the APO/CUPO and Card Administrator no less than annually. 18. I agree to review and approve the P-Card Plan and all related amendments for the      .   Agreed and accepted this       day of       20     . | |  |
|  | | | |
|  | | | | | |

|  | | | |  | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **CHIEF FINANCIAL OFFICER** | | | | | | | | | | | |  |
|  | |  | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | |  |
|  |  | | | | |  | | | | | | |  |
|  |  | |  | | | | | |  |  | | |  |
|  | | Signature | | | | | |  | Date | | |  |
|  | |  | | | | | |  |  | | |  |
|  | | Printed Name | | | | | |  | Phone | | |  |
|  | |  | | | | | | | | | |  |
|  | | Entity/Department | |  |  |  |  | | |  |  |  |
|  |  | | | | | | | | | | | | |  |