## STATE OF GEORGIA PURCHASING CARD Card Approver Agreement



You have 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. \_\_\_\_\_, UGA my 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 and Purchasing Card Manual as it may be modified from time-to-time. Any Purchasing Card Policy and Manual shall be accessible through the Procurement website. I agree to read and understand terms and conditions of any Purchasing Card Policy and Manual available through the Procurement website. In addition, I have completed the required Purchasing Card Training. 2. I understand that the University of Georgia 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. I understand that I must have a thorough knowledge of the cardholders' job responsibilities to determine if 5. purchases are job-related or otherwise authorized. I agree to notify the University of Georgia's Purchasing Card Program Administrator and Assistant Purchasing 6. Card Program Administrator at pcardadm@uga.edu or dcowart@uga.edu 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 the University of Georgia 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\_\_\_. **Card Approver:** Signature: \_\_\_\_\_ Phone: Entity/Department: UGA -**VP for Finance and Administration (Chief Financial Officer):** 

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**Rvan Nesbit** 

Print Name:

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Phone: 706-542-1361