

STATE OF GEORGIA PURCHASING CARD Cardholder Agreement



The **State of Georgia** is pleased to present you with this Purchasing Card. It represents trust in you and your empowerment as a responsible agent to safeguard and protect State of Georgia assets.

I, _____, UGA myID _____, hereby acknowledge receipt of a University of Georgia Purchasing Card, Card Number XXXX-XXXX-XXXX-_____, a VISA® card issued by Bank of America that will only be used to acquire materials and supplies for the University of Georgia. I agree to comply with the following terms and conditions relating to my use of the Purchasing Card.

1. As an authorized cardholder, I agree to comply with the terms and conditions of this Agreement and with the provisions of any 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 to Bank of America for all charges I make on the Purchasing Card.
3. I agree to use the Purchasing Card for authorized official business purchases only and agree not to charge personal purchases. I authorize the University of Georgia to take whatever steps are necessary to collect an amount equal to the total of the improper purchases, including but not limited to declaring such purchases an advance on my wages to the extent allowed by law.
4. I agree to notify the University of Georgia's Purchasing Card Program Administrator and Assistant Purchasing Card Program Administrator pcardadm@uga.edu and 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 and/or decree of legal change.
5. If the Purchasing Card is lost or stolen, I will **immediately** notify Bank of America at 1-888-449-2273. I will also notify the University of Georgia's Purchasing Card Program Administrator and Assistant Purchasing Card Program Administrator, in writing via email at pcardadm@uga.edu and dcowart@uga.edu at the first opportunity during normal business hours.
6. I understand that 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 right to use the Purchasing Card at any time for any reason.
7. I agree to surrender the Purchasing Card immediately upon request or upon termination of employment for any reason.

Agreed and accepted this _____ day of _____ 20_____.

Cardholder:

Signature: _____

Date:

Print Name:

Phone:

Entity/Department: UGA - _____

Entity Purchasing Card Program Administrator or Assistant Card Program Administrator:

Signature: _____

Date:

Print Name:

Phone: 706-542-2361