

Georgia Department of Public Safety Policy Manual

EXHIBIT CARDHOLDER AGREEMENT	EXHIBIT NUMBER 7.17-3
REFERENCE PURCHASING CARD	DATE 8/3/2018
EXHIBIT REVIEWED 8/3/2018	

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, _____ Employee ID # _____, hereby acknowledge receipt of a Georgia Department of Public Safety 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 Georgia Department of Public Safety. 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 the Purchasing Card Policy and Purchasing Card User's Guide. ~~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 Training.
2. I understand that Georgia Department of Public Safety 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 Georgia Department of Public Safety 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 Georgia Department of Public Safety Purchasing Card Program Coordinator at (404) 624-XXXX or NAME@esp.net 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 NAME, Purchasing Card Program Coordinator by phone (404) 624-XXXX or by email NAME@esp.net in writing, 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 Georgia Department of Public Safety 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 _____ 2018.

Cardholder:

Signature: _____ Date: _____

Print Name: _____ Phone: _____

Entity/Department: Georgia Department of Public Safety Unit: _____

Entity Purchasing Card Program Coordinator:

Signature: _____ Date: _____

Print Name: _____ Phone: (404) 624-XXXX