

**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, (**Cardholder Name**, Employee ID #000000000 hereby acknowledge receipt of a Valdosta State University Purchasing Card, Card Number **4715-2900-0000-0000**, a VISA® card issued by Bank of America that will only be used to acquire materials and supplies for Valdosta State University. 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 Valdosta State University 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 Valdosta State University 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 Valdosta State University Purchasing Card Program Coordinator at 245-4393 or bkamiot@valdosta.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 Valdosta State University Purchasing Card Program Coordinator, 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 Valdosta State University 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.

Cardholder: Agreed and accepted this _____ day of _____ 2008

Signature: _____

Print Name: _____

Department: _____

Phone: 229-____ - _____

Purchasing Card Program Coordinator:

Signature: _____

Date: _____

Print Name: Beverly K Amiot

Phone: 229-245-4393