

STATE OF GEORGIA PURCHASING CARD Card Approver Agreement



Budget & Finance Office has 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.

I, _____, Employee 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. I have received a copy of the Statewide Purchasing Card Policy and the "Clayton State University" policy and confirm that I have read and understand the terms and conditions of both. In addition, I have completed the required Purchasing Card Training.
2. I understand that "Clayton State University" 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.
5. I understand that I must have a thorough knowledge of the cardholders' job responsibilities to determine if purchases are job-related or otherwise authorized.
6. I agree to notify "Clayton State University" Purchasing Card Program Administrator Tiffany Hines at Tiffanyhines@clayton.edu or [678-466-5513](tel:678-466-5513) 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 "Clayton State University" 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: _____

Date:

Print Name:

Phone:

Entity/Department:

Chief Financial Officer:

Signature: _____

Date:

Print Name: Corlis Cummings

Phone: 678-466-5505

Entity/Department: Clayton State University