

**Department of Human Services/Division of Family and Children Services
Visa Purchasing Card Cardholder and Approver 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 DHS Purchasing Card, Card Number ending in (last 4 digits), a VISA® card issued by Bank of America, that will only be used to acquire materials and supplies for DHS DFCS. 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 DHS DFCS 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 DHS DFCS 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 DHS DFCS Purchasing Card Program Coordinator via e-mail or fax (770-342-7740) 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 DHS DFCS 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 DHS DFCS 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.

Card Holder Name (Print/Type)
Division/Office: **DFCS Region**

Card Holder Signature and **Date Agreed/Signed**
Phone/E-mail:

Approver/Alternate Approver:

I have satisfactorily completed the DHS DFCS Purchasing Card Training and have received a copy of the Purchasing Card Policy. I understand my responsibilities as an Approver for the above-listed cardholder. Furthermore, I understand that I, as well as the card holder will be held accountable for all Visa Purchasing Card charges which I approve.

Approver Name (Print/Type)
Division/Office: **DFCS Region**

Signature and **Date Signed**
Phone/E-mail:

Alternate Approver (Print/Type)
Division/Office: **DFCS Region**

Signature and **Date Signed**
Phone/E-mail:

Entity Purchasing Card Program Coordinator:

ANGELA L HUDSON alHUDSON@dhr.state.ga.us
DFCS P-Card Administrator **404.657.3258**

Signature and Date Signed

