

**UNIVERSITY OF WEST GEORGIA
PURCHASING CARD
Card Approver Agreement**



The University of West Georgia 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 University of West Georgia 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 the University of West Georgia 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 the University of West Georgia's Purchasing Card Program Administrator at 678-839-5536 or jlambert@westga.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 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 the University of West Georgia or State Purchasing may terminate my ability to approve purchases made on Purchasing Cards at any time for any reason.

Agreed and accepted the date below.

Card Approver:

Signature: _____ Date: _____

Print Name: _____ Phone: _____

Department: _____

Chief Financial Officer:

Signature: _____ Date: _____

Print Name: _____ Phone: _____