

Employee Agreement for Georgia Institute of Technology Procurement Card Program

	acknowledge receipt of a Georgia Institute of Technology ("the
	card issued by Bank of America ("Card Issuer"), that will only be
•	I agree to comply with the following terms and conditions relating
to my use of the PCard.	
1. As an authorized cardholder, I agree to comply w	ith the terms and conditions of this Agreement and with the
- · · · · ·	Manual (PCard Policy 5.2.1.8 in the Business & Finance
Manual). I confirm that I have read and underst	tand its terms and conditions.
2. I understand that the Institute is liable to Card Iss	suer for all charges I make on the PCard.
3. I agree to use the PCard for authorized official bu	siness purchases only and agree not to charge personal purchases.
	are necessary to collect an amount equal to the total of the
· · · ·	o declaring such purchases an advance of my wages. In such
event, I expressly authorize the Institute to ded	luct such cost from my wages to the extent allowed by law.
A Lagran to notify the Institute's Progurament Cord	Administrator at 201 1000 or pearl ask@business gatash adu if
my Institute address changes.	I Administrator at 894-1009 or pcard.ask@business.gatech.edu if
my motitute dualess changes.	
5. If the PCard is lost or stolen, I will immediately no	otify the Card Issuer at 1-888-449-2273. I will confirm the telephone
·	the Manual. I will provide a copy of this notice to my unit
Procurement Card Coordinator.	
6. Lunderstand that improper or fraudulent use of t	the PCard may result in disciplinary action, up to and including
· · ·	rstand that the Institute may terminate my right to use the
PCard at any time for any reason.	, , ,
	request, transfer to another department, or upon termination
of employment for any reason.	
8. I agree, when applicable, to comply with the requ	uirements of OMB Circular A-21 "Cost Principles for
Educational Institutions" regarding costs applie	·
Agreed and accepted this ——— day of ———	, 201,
Employee's Signature	Department Head Signature
Lilipioyee's Signature	Department nead Signature
Department Name and Number	Donartment Head Name - Printed