

Exhibit B

State of Georgia Cardholder Purchasing Card 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, _____, Card Number XXXX-XXXX-XXXX-__ __ __ __ or Employee ID # _____, hereby acknowledge receipt of a Gordon College Purchasing Card, which is a VISA[®] card issued by Bank of America, that will only be used to acquire materials and supplies for Gordon College. 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 Gordon College 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 Gordon College to take 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 Gordon College Purchasing Card Program Coordinator at 678-359-5054 or cindym@gdn.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 the Gordon College Purchasing Card Program Coordinator, in writing (email is preferred), 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 Gordon College 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.
8. I acknowledge that I have read and understand the Gordon College Purchasing Card Program Administrative and User's Guide and that I have received adequate training on the use of the Purchasing Card.

Agreed and accepted this _____ day of _____, 200__.

Cardholder:

Signature: _____ Date: _____

Print Name: _____ Phone: _____

Title: _____

Division/Department: _____

Division Chair or Department Director:

Signature: _____ Date: _____

Print Name: _____ Phone: _____

Title: _____

Division/Department: _____

Gordon College Purchasing Card Program Coordinator:

Signature: _____ Date: _____

Print Name: _____ Phone: _____