

EMPLOYEE AGREEMENT FOR MEDICAL COLLEGE OF GEORGIA
PURCHASING CARD PROGRAM

I _____, hereby acknowledge receipt of a Medical College of Georgia (MCG) Purchasing Card (P-Card), which is a VISA card issued by Bank of America (Card Issuer), that will only be used by the assigned card holder, to acquire materials and supplies for the Medical College of Georgia. I agree to comply with the following terms and conditions relating my use of the P-Card.

1. As an authorized cardholder, I agree to comply with the terms and conditions of this Agreement and with the provisions of the P-Card Guide dated, 2001, (the "Guide). I have attended the P-Card training program and acknowledge that I have received a copy of the Guide and confirm that I have read and understand its terms and conditions.
2. I understand that the Medical College of Georgia is liable to Card Issuer for all charges I make on the P-Card.
3. I agree to use the P-Card for authorized official business purchases only and agree not to charge personal purchases. I agree that I will be personally liable for costs resulting from any such unauthorized personal purchases. I authorize the Medical College of Georgia 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 of my wages. In such event, I expressly authorize the Medical College of Georgia to deduct such cost from my wages to the extent allowed by law.
4. I agree to notify the Medical College of Georgia's P-Card Program Coordinator, Donna Rayner, at 721-9441, if my MCG address changes.
5. If the P-Card is lost or stolen, I will immediately notify the Card Issuer at 1-800-538-8788. I will confirm the telephone notification by mail or facsimile as described in the Guide. I will provide a copy of this notice to the MCG P-Card Program Coordinator.
6. I understand that improper or fraudulent use of the P-Card may result in disciplinary action, up to and including termination of my employment. I further understand that MCG may terminate my right to use the P-Card at any time for any reason.
7. I agree to surrender the P-Card immediately upon request or upon termination of employment for any reason.

Agreed and accepted this _____ day of _____, 2003.

Employee Signature

P-Card Program Coordinator Signature

Printed Name: _____
Department: _____
P-Card Number: _____

Status Update: _____

