



## STATE OF FLORIDA PURCHASING CARD PROGRAM ACCTHOLDER AGREEMENT

I AGREE TO THE FOLLOWING REGARDING THE USE OF THE FLORIDA PURCHASING CARD ASSIGNED TO ME:

- 1) I understand that I am being entrusted with a powerful and valuable tool and will be making financial commitments on behalf of the State of Florida and will strive to obtain the best value for the State.
- 2) I understand that under no circumstances will I use the Purchasing Card to make personal purchases, either for myself or others. Willful intent to use the Purchasing Card for personal gain or unauthorized use may result in disciplinary actions up to and including termination of employment and prosecution to the extent permitted by law.
- 3) I will follow Florida Law, purchasing policies of my employing agency, and the established guidelines for using the Purchasing Card. Failure to do so may result in either revocation of my card privileges and/or additional disciplinary action.
- 4) I have been provided a copy of the Purchasing Card guidelines, attended training on \_\_\_\_\_, and understand the Purchasing Card Program. I have been given an opportunity to ask any questions to clarify my understanding of the Purchasing Card Program.
- 5) I agree that, should I violate the terms of this Agreement, I will be subject to disciplinary action up to and including termination of employment. I will reimburse the State of Florida for all incurred charges and any costs related to the collection of such charges. Additionally, any such charges that I owe the State may be deducted from any money which would otherwise be due me, including salary or wages, in accordance with Rule 69I-21.004, F.A.C.

\_\_\_\_\_  
**Accountholder Name (Print)**

\_\_\_\_\_  
**Supervisor Name (Print)**

\_\_\_\_\_  
**Accountholder Signature**

\_\_\_\_\_  
**Supervisor Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**

*This form must be signed by the Accountholder and Supervisor upon receipt of his/her Purchasing Card.*