University of West Georgia
Fuel Card Program
Fuel Card User Agreement

I, __________________________ (print name), Agree to the following regarding my use of any University of West Georgia fuel card:

1. I understand that I will make financial commitments on behalf of the University of West Georgia and the State of Georgia. I will strive to obtain the best value for the State. I also understand that I am to take measures to protect the fuel card against loss, theft, or damage. If loss, theft, or damage occur, I will report it immediately to my fuel card coordinator or fleet program administrator.

2. I understand that under no circumstances will I use the fuel card to make personal purchases, either for myself or for others. Willful intent to use the fuel card for personal gain will result in disciplinary action up to and including termination of employment and criminal prosecution.

3. I will follow established procedures for using my fuel card, including retention of receipts for all purchases according to the Statewide Fuel Card Standards and Guidelines and the University of West Georgia's Fuel Card Policy. Failure to do so may result in either revocation of my use privileges or disciplinary action. Additionally, I will follow all University of West Georgia and State of Georgia purchasing requirements as they relate to the State of Georgia fuel card.

4. I agree to cooperate with any University of West Georgia, Office of Fleet Management or Department of Administrative Services employee engaged in auditing or otherwise investigating use of the fuel card.

5. I will not reveal my Personal Identification Number (PIN), either in writing or verbally, to any other party, including other employees and merchants. I also understand that the monthly invoice from the fuel card provider will indicate my name as the responsible party if my PIN is used.

6. I received access to the University of West Georgia's Fuel Card Policies and Procedures Manual and the Statewide Fuel Card Standards and Guidelines, both in print or electronic form, have received training on card use and policies, and understand the requirements for using the fuel card.

_________________________________  __________________________
Employee Signature                  Date Signed

_________________________________  __________________________
Supervisor Signature                Date Signed

Updated 03/15/2011