

**State of Vermont**  
**Cardholder Purchasing Card Agreement**

---

---

**State of Vermont** 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 Vermont assets.

I, \_\_\_\_\_ hereby acknowledge receipt of a State of Vermont Visa Purchasing Card. As a cardholder, I agree to comply with the terms and conditions of this Agreement and the Purchasing Card procedures.

By signing this agreement I acknowledge that I have read, understand and agree to comply with this Agreement and the Purchasing Card User Guide. Furthermore, my signature certifies that I have undergone the appropriate training for use of the Purchasing Card and agree to abide by all terms, conditions, procedures and policies thereof. I understand that the State of Vermont reserves the right to amend, change or revise such terms, conditions, procedures and policies and that this Purchasing Card shall be subject to such changes regardless of the date of issuance.

I understand that State of Vermont is liable to Bank of America and Visa for all State of Vermont charges. I agree to use this card for State of Vermont approved purchases only and agree not to charge personal purchases. I understand that State of Vermont will audit the use of this card and report any discrepancies to the Agency Administrator.

I understand that any misuse of the Purchasing Card assigned to me may result in some or all of the following actions against me by my employer.

- Corrective action of performance, up to and including dismissal.
- Discipline for misconduct, up to and including dismissal.
- Referral to law enforcement authorities for criminal prosecution.
- Civil legal action against me to recoup any amounts owed to the State for unauthorized purchases.

Furthermore, I understand and agree that by my signature below and by my acceptance and use of the Purchase Card assigned to me that the State may recoup any amount owed by me to the State for unauthorized purchases by using the procedures specified in the Vermont Setoff Debt Collection Act, 32 V.S.A. § 5931 et seq.

By signing this Agreement I understand that State of Vermont may terminate my right to use this card at any time for any reason. I agree to return the card to State of Vermont immediately upon request or upon termination of employment.

**Cardholder:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone: 802-\_\_\_\_\_

Agency/Department: \_\_\_\_\_

**Approving Authority Department Administrator:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone: 802-\_\_\_\_\_