

GTCC P-Card Application and Employee Agreement

I, _____ (printed employee name), hereby request a GTCC P-Card. As a P-Card holder, I agree to become familiar with the overall state and GTCC purchasing policies including the P-Card policy.

Employee name (please print full name)	Employee ID Number	Telephone
GTCC Campus	Department	P-Card Account Number (To be Assigned)
Hire Date	Employee Status (ie new hire, probation, etc.)	
Employee Name (please print)	Signature/Date of Application	

The managers below approve for the employee named above to have a P-Card upon completion of the mandatory training class and continued adherence to the policies referenced in the P-Card policy manual and all purchasing policies.

Supervisor's Name (please print)	Signature/Date
VP of Division's Name (please print)	Signature/Date
Nancy Sollosi	
AVP Business and Finance (please print)	Signature/Date

TO BE COMPLETED UPON RECEIPT OF CARD:

Based on the training that I received on _____, I agree to comply with all policies referenced in the P-Card Policy manual and the terms and conditions that follow:

- I understand that I will be making financial commitments on the behalf of GTCC and obligating GTCC to make such payments. I understand that GTCC is liable for such transactions. I understand that GTCC reserves the right to revoke or suspend my card at any time for any reason deemed necessary by GTCC.
- I understand that at any time that I am placed on probation for any reason that my P-Card privilege will be suspended immediately.
- I will adhere to GTCC and the State of North Carolina's guidelines and policies for competition.
- I will make decisions that are in the best interest of GTCC and strive to seek the best source available to provide for the needs of my responsibilities for GTCC.
- I agree to use the GTCC P-Card only for approved purchases that are required at GTCC and will not use the P-Card to make any personal purchases.
- I understand and agree that the GTCC P-Card Coordinator will audit the monthly statements associated with my P-Card and that he/she will take appropriate action on any discrepancies.
- I have read and understand the proper procedures for use of the P-Card and agree to be bound by those procedures.
- I understand that failure to comply with all applicable policies and procedures may lead to the revocation of my P-Card or some other disciplinary action up to and including dismissal from GTCC's employment.
- I agree to return the P-Card to my supervisor immediately upon request or upon termination of my employment.
- If the P-Card is lost or stolen, I agree to immediately report such loss to the issuing bank and to the GTCC P-Card Coordinator.

Signature

Date