County of Berkeley

State Fuel Card Program

Employee Agreement

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***,*** agree to the following regarding my use of the County of Berkeley State Fuel Card Program:

1. I understand that I am being entrusted with access to the County of Berkeley’s State Fuel Card Program to make financial commitments on behalf of the County of Berkeley and will restrict my purchases to approved County of Berkeley activities.
2. I have been given a copy of the County of Berkeley’s State Fuel Card Standard Operating Policies & Procedures pertaining to the State Fuel Card Program.
3. I understand that under no circumstances will I use the State Fuel Card to make personal purchases, either for myself or for others. Willful intent to use the State Fuel Card for personal use may result in disciplinary actions including termination of employment. Any improper or unauthorized use can result in disciplinary action and/or criminal prosecution.
4. I will follow the established procedures for using the State Fuel Card. Failure to do so may result in revocation of my use privileges or other disciplinary actions by the County of Berkeley.
5. I agree that should I violate the terms of this agreement and use the County of Berkeley’s State Fuel Card for personal use or gain, that I will reimburse the County of Berkeley for all incurred charges and any fees (including attorney’s fees and expenses) related to the collection of these charges, and will be subject to any other disciplinary actions the County may take, *up to and including termination and/or criminal prosecution.*
6. I understand it is my responsibility to receive and maintain receipts for all transactions and forward the receipts to the Departmental Liaison and to follow the Dispute Procedure as outlined in the Berkeley County State Fuel Card Policies & Procedures Manual.

Employee Name (Print) Employee Signature Date of Birth

Department Number Department Name Date

Fuel Card Administrator (Print) Fuel Card Administrator Signature Date

State Fuel Card Pin Number (Assigned by State System):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_