

Anderson County Government Fuel Card Agreement

This document outlines the responsibilities I have as holder/user of a fuel card for Anderson County Government.

1. I acknowledge that the fuel card is intended to facilitate the purchase of and payment for gasoline and diesel fuel required for the conduct of Anderson County business only, I agree NOT to use the card for the purchase fuel for private vehicle or any other personal purchases. (as defined below).
2. I agree that use of the fuel card for personal purchases or in any other manner, which is unrelated to the conduct of Anderson County business, will be considered misappropriation of County funds. This misuse can result in my immediate and irrevocable forfeiture of the fuel card; disciplinary action up to and including termination of employment; and such other legal action as are deemed appropriate. I agree that the amount of any personal charges on the fuel card may be deducted by Anderson County from my paycheck or any other amounts owing by the County to me and that I will pay promptly for such unauthorized personal charges.
3. I understand that I must surrender the fuel card and any card information upon my termination of employment with Anderson County, whether for retirement, voluntary separation, resignation, or dismissal for any other reason as determined by Anderson County.
4. I will maintain the fuel card and any card information with appropriate security at all times. If the card is stolen or lost, I agree to call the Purchasing Department (463-6841) and Fuelman at (1-800-877-0800), **IMMEDIATELY** to report such loss, 24 hours/day, 7 days/week.
5. I understand the authority to use this card is mine and cannot be transferred to another employee or non-employee.
6. I agree to submit all documentation and receipts as required for all charges made by me.
7. I agree that the fuel card may be revoked for any reason as determined at the discretion of the Purchasing Agent and or Accounts and Budget Director.
8. I agree to all rules and regulations of the Anderson County Fuel Card Policy & Guidelines.
9. **My signature below indicates that I have read and understand these responsibilities.**

Employee Signature: _____

Employee Name: _____ (Please print)

Department/Group: _____ **Employee 5-Digit PIN Number** _____
(i.e. Sheriff's Dept. Operations, or Drug Enforcement, EMS)

Department Head Signature: _____ **Date:** _____