



Macon-Bibb County Finance Office  
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### **Purchasing Card (PCard)**

#### **Acknowledgment and Responsibility Form**

Purchasing Card last four digits \_\_\_\_\_

Cardholder name \_\_\_\_\_

By signing this form, the above-named person acknowledges receipt of a Macon-Bibb County Purchasing Card and the Policies and Procedures that set forth the guidelines for its use.

The cardholder understands and acknowledges the responsibilities of using a Macon-Bibb County Purchasing Card. The Purchasing Card may be revoked at any time. Upon termination, the Purchasing Card should be returned to the Finance Department.

Cardholder Printed Name \_\_\_\_\_

Cardholder Signature & Date \_\_\_\_\_

PCard Administrator Name \_\_\_\_\_

PCard Administrator  
Signature & Date \_\_\_\_\_