

APPLICATION FOR CITIBANK VISA-NYS PURCHASING CARD

I would like to apply for the Citibank VISA Card. I understand this card is the property of the State of New York and is to be used for the purchase of goods and services on behalf of SUNY Potsdam and that personal purchases are prohibited. In addition, this card is to be used for purchases that would normally be processed through the Purchasing & Payables Office using a purchase requisition for State funds only. Therefore, if the purchase is to be paid using funds from Foundation, PACES, etc., the VISA card cannot be used in those instances. NOTE: The cardholder will be responsible for informing the vendor each time a purchase is made that we are a tax exempt agency and tax must not be charged to the VISA card.

EMPLOYEE INFORMATION

Name: _____ Last 4 Digits SS# _____

Campus Address: _____

Campus Phone: _____ Fax: _____

E-mail Address: _____

Employee Signature: _____

EMPLOYEE RESPONSIBILITY

If State service is terminated, the credit card must be returned to the Program Administrator for cancellation. If employee moves from one department to another, the Program Administrator must be notified so detail attached to the credit card can be corrected (account number & department).

DEPARTMENT HEAD APPROVAL

As _____ Department Head, I acknowledge that I am responsible:

- To ensure that the employee abides by the above conditions
- Taking appropriate action in situations involving misuse of the Purchasing Card
- Canceling the Purchasing Card if the Cardholder is terminated for any reason or if any misuse or fraud is identified
- Making certain that any reports I receive are checked for accuracy

DEPARTMENT HEAD RESPONSIBILITY

Ensuring the cardholder details (account number & department) are accurately changed with the Program Administrator in the event that the employee moves from one department to another.

Department Head's Name _____

Name

Title

Department Head's Signature _____

Default SUNY Department Account Number/s to be used: _____

Procurement Card Limits: Per Transaction Limit \$ _____ (Not to exceed \$1000.)

Monthly Limits \$ _____ (Optional)

Purchasing Card Request Status () APPROVED

() DENIED

Reason for Denial: _____

Program Administrator

Department and Hierarchy

1/21/09