



APPLICATION FOR CITIBANK VISA-NYS PURCHASING CARD (PCard)

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 my campus and that personal purchases are prohibited. In addition, this card is to be used for purchases that would normally be processed through the Procurement/Purchasing Office using a purchase requisition with **State** funds only. **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 RESPONSIBILITIES:

- Participate in any required training for this program
- Adhere to all policies and procedures related to the use of the PCard and the appropriate use of state funds
- Adhere to the monthly certification deadlines
- Notify the Program Administrator of any status changes that may impact card use such as transferring to another department or terminating employment

EMPLOYEE INFORMATION – PLEASE PRINT LEGIBLY

Name: _____ Last 4 Digits SS# _____
 Title: _____
 Department: _____
 Campus Address: _____
 Campus Phone: _____
 E-mail Address: _____

Employee Signature: _____

DEPARTMENT HEAD RESPONSIBILITIES:

- Ensure that the cardholder fulfills his or her responsibilities stated above
- Take appropriate action in situations involving misuse of the Purchasing Card
- Cancel the Purchasing Card if the Cardholder is terminated for any reason or if any misuse or fraud is identified
- Ensure the cardholders account number & department are accurately changed with the Program Administrator in the event that the employee moves from one department to another.
- Review and approve the cardholders purchasing log within the 7 day certification window

Department Head's Name _____ Title _____

Department Head's Signature _____

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

Additional Accounts Numbers to be charged against: _____

Procurement Card Requested Limits: Per Transaction Limit \$ _____ Not to exceed \$1000
 Monthly Limits \$ _____

Administrative Use Only	
PCard Request Status: _____ Approved _____ Denied	
Reason for Denial: _____	
Program Administrator Signature: _____	Date: _____
Hierarchy: _____ AEPC #: _____	
Security Administrator Signature: _____	Date: _____