



APPLICATION FOR CITIBANK VISA-NYS PURCHASING CARD (P-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 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 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 P-Card 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: _____ **SUNY ID#:** _____
Title: _____ **NYS ID#:** _____
Department: _____ **E-mail Address:** _____
Campus Address: _____ **Campus Phone:** _____

Employee Signature: _____

To access accounts your Department Head must fill out the SUNY Administration Web and Webconnect User Access Form found on the Campus Forms List.

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: _____