



**APPLICATION FOR J.P. Morgan VISA-NYS PURCHASING CARD (P-Card)**

I would like to apply for the J.P. Morgan 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: _____ |
| _____                                               |