

UPSTATE MEDICAL UNIVERSITY PROCUREMENT CARD APPLICATION

Your use of the State University of New York Citibank Visa Procurement Card is subject to the following terms and conditions. You must follow the policies and procedures established by New York State for use of this credit card. Failure to do so may result in the revocation of your user privileges or other disciplinary action, which could include termination of employment.

You are being entrusted with a valuable tool – a NYS Citibank Purchasing Card – which is to be used for official business only. You will be making a financial commitment on behalf of the State and SUNY. You must strive to obtain the best value for the State and SUNY by following established purchasing policies as appropriate.

NYS Citibank Purchasing Cards are the property of New York State. You must return your card immediately upon request or upon termination of employment or retirement. Should there be any change in your employment status you must return this card and arrange to have a new card issued, if necessary.

You may use this card for authorized State transactions only. **You may not use this card for personal charges. You may not use this card for travel or meals.** Upstate Medical University and the Office of the State Comptroller will audit the use of your card and take appropriate action on any discrepancies or unauthorized charges. Any evidence that your card has been used fraudulently will require an investigation, after which disciplinary action may result.

You will receive training on the proper use and reconciliation process prior to being issued your Citibank Visa Procurement card.

If your card is lost or stolen, you must notify your agency's Card Program Administrator and Citibank immediately.

You must comply with any changes to the terms and conditions or policies and procedures concerning the use of this credit card.

You are required to certify your monthly statement on SUNY/AEPC and send a copy of your bill with all receipts and justifications attached to the Accounts Payable Office each month.

Name: _____

Location: _____ Phone: _____ E-Mail: _____

Signature: _____ Date: _____

Part II

As _____ supervisor I acknowledge that I am responsible to ensure
(enter name of employee/applicant)
that the employee abides by the conditions and terms that have been established by New York State and Citibank. I am responsible for taking appropriate action in situations involving misuse of the Procurement Card. I am responsible for canceling the Procurement card if the Cardholder is terminated for any reason or if any misuse or fraud is identified. I am responsible for making certain that any reports I receive are checked for accuracy.

Director's Name: _____

Department: _____

Director's Signature: _____ Date: _____

Default Dept Account for Charges: _____ Additional Accounts to Access (if any):

Dept Fiscal Authority Signature (if different than supervisor) _____

Procurement Card Limits:

Per Transaction Limit \$ _____ (not to exceed \$2,500) Monthly Limit \$ _____
(Required) (Optional)

**Return completed application with all required signatures to:
Shawna Frigon, Contracts & Campus Purchasing- SLC Rm 2050**

For Purchasing Use Only:

Procurement Card Administrators Signature: _____

Procurement Card Status:

() APPROVED

() DISAPPROVED

Reason for disapproval: _____