Your use of the State University of New York Citibank Visa Travel 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 Travel 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 Travel 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.** 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.

The NYS Citibank Travel card will only be used for the following.
- Economy class airfares
- Hotel stays- Room and Tax only (tax exempt within NYS)
- Car Rentals (Enterprise rent a car) tax exempt within NYS. Gas not included
- Train tickets

Authorization is required with applicable signatures prior to any charge. Back-up will also be required ie: conference agenda etc. All travel must be booked through BTI Travel, no exceptions. Hotels must be booked within the per-diem rate, if not possible a memo of justification must be presented at the time of authorization. Travel dates must match dates on the authorization. Charges will not be approved if dates do not match. For a complete list of rules and regulations please visit [www.upstate.edu/travel](http://www.upstate.edu/travel) or call Annmarie Maroney at (315)464-4978

You will receive training on the proper use and reconciliation process prior to being issued your Citibank Visa Travel 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 print and submit your online billing statement along with all receipts within 10 business days. If not submitted on time you risk having the card revoked. Please interoffice mail to Travel- Sarah Logeuin Center

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 Travel Card. I am responsible for canceling the Travel 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) __________________________

Travel Card Limits:

Per Transaction Limit $________________ (not to exceed $2,500) Monthly Limit $________
(Required) (Optional)

Return completed application with all required signatures to: Accounts Payable/Travel
SLC

For Travel Use Only:

Travel Card Administrators Signature: _______________________________

Travel Card Status:

( ) APPROVED

( ) DISAPPROVED

Reason for disapproval: ___________________________________________
CITIBANK® COMMERCIAL TRAVEL CARD SETUP FORM

SECTION I
INSTRUCTIONS (Please also see “Important Information” at the top of the next page.)
1. To add a new account, Cardholder completes Section IV and signs in Section VI, PA completes Sections II, III and V, then signs in Section VII.
2. Maintain a copy in the Cardholder and Program Administrator's files.
3. Fax completed form to 605-357-2092 or mail to Citibank® Commercial Services, P.O. Box 6125, Sioux Falls, SD 57117-6125.

SECTION II
REPORTING PARAMETERS
*Reporting Hierarchy: (1) _______ _______ _______ _______ _______ _______ _______

SECTION III
POS □ White Plastic □

(2) *PLASTIC TYPE (Please check one of the following)

SECTION IV
CARDHOLDER INFORMATION (Please Print)

(3) *First Name of Cardholder □ *Middle Initial □ *Last Name (maximum 25 characters)

(4) SUNY Upstate Medical
*Company Name (maximum 24 characters) □ *Home Phone □

(5) ___________ _______ _______ _______
4th Line Embossing (maximum 24 characters) □ *Business Phone □

(6) 750 East Adams St.
*Home Phone □
Statement Billing Mailing Address Line 1 (maximum 36 characters) □ Fax Number □

Statement Billing Mailing Address Line 2 (maximum 36 characters)
13210 NY Syracuse
*City □ *State □ *Zip Code □ Country

(7) _______ _______ _______ _______
*Home Mailing Street Address Line 1 (maximum 36 characters) NO PO Box □ *Social Security Number □ Only Last 4 Digits

Statement Billing Mailing Address Line 2 (maximum 36 characters)
*Verification Information

(8) _______ _______ _______ _______
*City □ *State □ *Zip Code □ Country

(9) _______ _______ _______ _______
E-mail Address □ Date of Birth (mm/dd/yy) □

(10) _______ _______ _______ _______
GL Code (maximum 24 characters) □ Employee ID (maximum 20 characters)

SECTION V
AUTHORIZATION PARAMETERS
(14) Dollars per Cycle Limit (Card Limit) $: _____ (15) Dollars per Transaction Limit $: _____ (16) ATM Access: Y □ N □ Cash % ___

(17) MCC Template: __________________________ (18) Number of Transactions: Cycle: ______ Daily: ______

(19) Bulk Ship ID: _____ (20) AT & T Calling Card: Y □ N □ (If yes, please complete an AT&T application)

SECTION VI
(21) CARDHOLDER SIGNATURE
I, the cardholder, represent and warrant that all information on this application is true and correct, and my use of the card to be sent to me shall constitute my agreement with the terms, conditions and procedures contained in the Citibank Corporate Travel & Entertainment Card Cardholder Account Agreement that will accompany the card. I understand that it is my responsibility to notify Citibank at 1-800-248-4553 immediately if my card is lost or stolen. I acknowledge that I will be liable for all transactions made with my card pursuant to the Citibank Travel & Entertainment Card Cardholder Account Agreement and Citibank (South Dakota), N.A. may verify the information listed on the Application about me from credit reporting agencies and other sources.

By submitting this application, you authorize us to obtain consumer reports on you. You also authorize us to inform your employer whether your application has been denied or approved. Do not submit this application unless you agree to these important items. I hereby authorize Citibank to obtain consumer reports about me and to notify my employer of the decision to deny or approve this application.

*Cardholder Signature: __________________________ Date _______

SECTION VII
(22) PROGRAM ADMINISTRATOR SIGNATURE AND PHONE NUMBER

* Program Administrator’s Signature __________________________ Date _______

* Program Administrator’s Name (printed) __________________________ Date _______

* Program Administrator’s Business Phone Number ( _______ ) - _______ Fax ( _______ ) - _______

Individual Liability Application

*Asterisked fields must be completed prior to submission. Numbers in parentheses correspond to numbers on guide sheet on next page.

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