

UPSTATE MEDICAL UNIVERSITY TRAVEL CARD APPLICATION



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 Direct 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 or call Sharon McGillvray 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 Logeun Center

Name: _____

Location: _____ Phone: _____ E-Mail: _____

Signature: _____ Date: _____

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

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. _____ () - _____
 *Statement Billing Mailing Address Line 1 (maximum 36 characters) _____ Fax Number _____

 Statement Billing Mailing Address Line 2 (maximum 36 characters)
 Syracuse NY 13210 _____
 *City *State *Zip Code _____ Country _____
 (7) _____ (8) XX-XXX- _____
 *Home Mailing Street Address Line 1 (maximum 36 characters) NO PO Box _____ *Social Security Number Only Last 4 Digits
 _____ (9) _____
 Home Mailing Street Address Line 2 (maximum 36 characters) _____ *Verification Information _____

 *City *State *Zip Code _____ Country _____
 (10) _____ (11) / / _____
 E-mail Address _____ *Date of Birth (mm/dd/yy) _____
 (12) _____ (13) _____
 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.