

SUNY COLLEGE OLD WESTBURY PROCUREMENT/TRAVEL/NON EMPLOYEE TRAVEL CARD APPLICATION

Your use of the State University of New York (SUNY) Citibank Visa Card(s) is subject to the following terms and conditions. You must follow the policies and procedures established by the State for use of this credit card. Failure to do so may result in the revocation of your user privileges. The State of New York will be liable for all authorized purchases made using the Card(s).

You are being entrusted with a valuable tool, a NYS Citibank Credit 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 Credit Cards are the property of the State. You must return your card immediately upon request or upon termination of employment or retirement. Should there be any other change in your employment status, please notify the campus Program Administrator. If your card is lost or stolen, you must notify the Program Administrator and Citibank immediately.

You may use this card for authorized State transactions only. **You may not use this card for personal charges.** SUNY Old Westbury and the Office of the State Comptroller will audit the use of your card and take appropriate action on any discrepancies or unauthorized charges.

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 reconcile your monthly statement and send a copy of your log, **signed by your supervisor**, with all receipts and justifications attached, to the Program Administrator's Office each month. If this is for a Procurement Card, you are also required to certify your purchases on the Financial Management System (FMS).

Card Applying For: () Procurement Card [P-Card] () Travel Card [T-Card] () Non-Employee Travel Card [NET Card]

Name (Print): _____ SS# _____

Title: _____

Building/Room #: _____

Office Phone: _____

Office E-Mail: _____

Signature: _____

Date: _____

Mother's Maiden Name: _____

Part II Supervisor Approval:

As _____ supervisor, I acknowledge that I am responsible to ensure that the
(enter name of cardholder/applicant)
employee abides by the conditions and terms that have been established by New York State and Citibank. I am also responsible for reviewing transactions, for taking appropriate action in situations involving misuse of the Card, for canceling the Card if the Cardholder is terminated for any reason or if any misuse or fraud is identified, and for making certain that any reports I receive are checked for accuracy. I am required to sign the cardholder’s monthly Log after completing my review, attesting to the fact that the goods or services or travel rendered were for the official duties of this cardholder, in accordance with the **College at Old Westbury/the State/Citibank Visa Procurement Cardholder Guidelines**. I will ensure that the cardholder abides by security policies as well as applicable requirements related to certification/reconciliation and documentation of all Card purchases.

Supervisor’s Name: _____ Department: _____
Supervisor’s Signature: _____ Date: _____
Department Account: _____ Additional Accounts to Access (if any) _____
Division Head or Vice-President (if different than supervisor) _____
Procurement Card Limits: Per Transaction Limit \$ _____ Monthly Limit \$ _____ (up to \$10,000)

Return completed application with all required signatures to: Arthur Angst

Part III Program Administrator:

Program Administrator Signature: _____ Date: _____

Card Status:

- () APPROVED
- () DISAPPROVED

Reason for disapproval: _____

Notes: _____