



CITIBANK VISA PROCUREMENT CARD APPLICATION

Requestor's Name: _____

Campus Address: (dept, room, bldg) _____

E-Mail Address: _____

Campus Phone: _____

Social Security Number: _____

Signature: _____ Date: _____

As the above named employee's supervisor, I acknowledge that I am responsible for ensuring that the employee abides by the terms and conditions set forth by New York State and SUNY Oswego governing the use of a Citibank VISA procurement card. 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 the cardholder reconciles and certifies the monthly billing statements in a timely manner.

SUNY department account number(s) to be used: _____ (default)
 _____ (secondary)

Per transaction limit: \$ _____ (not to exceed \$500.00)
 Monthly limit: \$ _____ (\$1000, 2500, 5000)

Supervisor's Name (Printed) _____

Supervisor's Name (Signed) _____

Dated: _____

Chief Fiscal Officer Approval:

Name: _____ Date: _____
 (Provost)

Name: _____ Date: _____
 (Vice President for Admin/Finance)

Procurement Card Administrator's Signature:

_____ Date: _____