

## FARMINGDALE STATE COLLEGE 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. The State of New York will be liable for all authorized purchases made using the Procurement Card.**

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 other change in your employment status, please notify the Campus Procurement Card Program Administrator. If your card is lost or stolen, you must notify the Campus Card Program Administrator and Citibank immediately.

You may use this card for authorized State transactions only. **You may not use this card for personal charges.** Your agency 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 certify your monthly statement on SUNY FMS system and send a copy of your bill, **signed by your supervisor**, with all receipts and justifications attached, to the Purchasing Office each month.

Name: \_\_\_\_\_ Title: \_\_\_\_\_ SUNY ID (Last 4 Digits only) \_\_\_\_\_  
Building/Room #: \_\_\_\_\_ Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
User ID \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part II Supervisor Approval Section:**

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 Procurement Card, for canceling the Procurement 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 Visa statement after completing my review, attesting to the fact that the goods or services rendered were for the official duties of this cardholder, in accordance with the **Farmingdale State College/NYS/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 Procurement Card purchases.

Supervisor’s Name: \_

Department: \_

Supervisor’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Account: \_\_\_\_\_ Additional Accounts to Access (if any) \_\_\_\_\_

Dean or Vice-President (if different than supervisor) \_\_\_\_\_

Procurement Card Limits:

Per Transaction Limit \$ \_\_\_\_\_ (not to exceed \$2,500) Monthly Limit \$ \_\_\_\_\_ (at the discretion of P-Card administrator)

**Return completed application with Authorized User Form and required signatures to:  
Sue Cuttone, Internal Control Office, Horton Hall, Room 167.**

**Part III Procurement Card Administrator:**

Procurement Card Administrator Signature: \_\_\_\_\_

***Procurement Card Status:***

- APPROVED
- DISAPPROVED

Reason for disapproval: \_\_\_\_\_

## Authorized User Security/Account Access New User/Change Form

Please complete this form to request a new user be added to the system or if a change has occurred.

**Applicant Name:** \_\_\_\_\_ **Username:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **New:** \_\_\_\_\_ **Change:** \_\_\_\_\_

Please check the boxes for access required.

- Business Intelligence (BI) Access Limited View (No Payroll):** access to review account information on the SUNY portal system.
- Business Intelligence (BI) Access Full View (Includes Payroll):** access to review account information on the SUNY portal system.
- Please list account(s) applicant needs BI access to: \_\_\_\_\_

- Procurement User For Online Requisitioning:** access as an authorized user to submit a purchase requisition electronically in the SUNY Finance and Management System. *Please complete below table for Procurement User access.*

Account Number(s)	First Name	Last Name	Username	Title	Phone Number	Building	Room
	<b>Requisitioner</b>						
	<b>Department Head</b>						
	<b>VP/Dean/Designee</b>						
	<b>User(s) to be Removed</b>						

- Purchase Card (Pcard):** access to make purchases on a purchasing card. A Pcard application, separate from this form is necessary to obtain a Pcard. Please visit the Purchasing web page on the FSC web site to apply for a Pcard. Existing Pcard holders do not need to apply for a new Pcard; your current card will be updated and linked to the account indicated below.
- Please indicate which account number the P-card should be linked to:** \_\_\_\_\_

List additional security access (reports, transactions, security permissions etc.) needed for employee: \_\_\_\_\_

It is the supervisor's responsibility to inform the security administrator of user changes that will require modifications to the employee's access.

**Employee Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Signature of Dean/VP:** \_\_\_\_\_

**Print Dean/VP Name:** \_\_\_\_\_