STATE UNIVERSITY OF NEW YORK PROCUREMENT CREDIT CARD
APPLICATION/ACKNOWLEDGEMENT FORM

Your use of the State University of New York (SUNY) JP Morgan procurement credit card is subject to the following terms and conditions. You must comply with these terms and conditions as part of the terms and conditions of your employment.

1. You are being entrusted with a valuable tool – a SUNY procurement credit card – and 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 using proper Purchasing practices as identified by the Purchasing Department.

2. You understand the State of New York is liable to JP Morgan for all charges made using the procurement credit card, except those made in excess of the single per transaction limit and all other limits imposed by the Statewide credit card administrator, SUNY System Administration, or your campus.

3. You must use the procurement credit card to purchase goods and services for Official University use only. Do not use this card for personal charges. New York State will audit the use of the credit card, report and take action on any discrepancies. Any evidence that a SUNY credit card is being used fraudulently or for personal charges will result in disciplinary action.

PART II

*As_____ supervisor I acknowledge that I am responsible to ensure:
      (Enter employee's name here)

That the employee abides by the above conditions. I am responsible for taking appropriate action in situations involving misuse of the procurement credit card. I am responsible for canceling the 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. I am also responsible for certifying Monthly Card member Report.

*Supervisor's Name: _____ *Date: _____

*Supervisor's Signature: _____ *Date: _____

*SUNY Account to Charge: _____

Procurement Card Limits:

      Per Transaction limit $2,500 (not to exceed $2,500) Monthly Limit: $_____
                                       (Optional)

Department can choose to increase monthly limit above $5,000 default

Credit Card Administrators Signature: _____

Date: _____