

# SUNY Cobleskill

## Procurement Card Application

Complete this form to request that a new Cardholder be added to the system. The Cardholder should complete the fields listed below on the form, sign and date and forward to the supervisor. These cards are not for use by CAS, Research Foundation, Cobleskill Foundation, Alumni Association, or Student Government.

Name (Last, First, MI): \_\_\_\_\_

Email Address: \_\_\_\_\_

Title: \_\_\_\_\_

Department: \_\_\_\_\_ Building/Room: \_\_\_\_\_

Phone: \_\_\_\_\_

SUNY Id #: \_\_\_\_\_ NYS Id #: \_\_\_\_\_ (From Paystub)

Department Account Number: \_\_\_\_\_ (State/IFR Funding ONLY)

Fulltime Faculty Staff: YES NO

Part-time/Adjunct Faculty Staff: YES NO

Dates of Service: \_\_\_\_\_

Comments and Justification: (Justification must be given for issue of card.)

---

---

---

The user's signature on the form is acknowledgement that he or she will safeguard the system assets assigned to them and prevent unauthorized use of SUNY Cobleskill's Procurement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Supervisor must sign the form. The supervisor's signature on this form is authorization to add the user to the computer system and confirmation that the user requires a Procurement Card. The supervisor will immediately notify the Credit Card Administrator of user termination, transfer or misuse of the card.

\_\_\_\_\_  
Account Administrator/Supervisor Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

To be completed by the Business Office Only:

Date Entered in to JPMC: \_\_\_\_\_

Entered by: \_\_\_\_\_

FMS Access Granted \_\_\_\_\_

\_\_\_\_\_  
Transaction Dollar limit

\_\_\_\_\_  
Monthly Dollar Limit