

Application for the NYS CitiBank Visa Procurement Card
(To Be Completed By Department Manager)



1. _____
Cardholder Name – Full name including middle initial
2. _____
Cardholder Position
3. _____
Department Name / Building and Room No.
4. **SUNY COBLESKILL, 106 SUFFOLK CIRCLE, COBLESKILL, NY 12043**
Business Address
5. _ (_____) _____
Cardholder's Business Phone
6. _____
Department Budget Account No. (to be used as a default)
7. _____
Title of Authorizing Department Manager

Signature of Cardholder

Date

Signature of Department Manager

Date

RETURN THIS COMPLETED FORM TO: Louise Biron, Business Affairs Office, Knapp Hall
Any questions, please call 255-5637

For Office Use Only:

Date Approved:	
Per Transaction Limit:	
Monthly Purchase Limit:	