



DOWNSTATE
HEALTH SCIENCES UNIVERSITY

New Travel Cardholder Training

Applying for a Travel Card



As a Travel cardholder, you play a critical role in ensuring the proper use of the card for departmental purchases. Here's what you need to know:

Qualifications

To be a Travel cardholder, you must have:

- a Downstate.edu email address
- internet/computer access
- valid record in the SUNY Portal, including a valid N#

Applying for a TCard



Responsibilities

As a cardholder, you are the **sole authorized** user of the card. You are responsible for:

- Signing the Cardholder User Agreement and agreeing to comply with the terms and conditions.
- Reconciling itemized receipts and appropriate supporting documentation.
- Preparing the monthly reconciliation packet, forwarding it to the approving Supervisor, then Emailing the completed package in PDF file format to CardServices@downstate.edu within published deadlines.

Travel Coordinator

Most departments are assigned a Travel Coordinator who manages the department's Travel Cards. Their key duties are:



Key Policy Note:

An Approving Supervisor must be independent from the cardholder to maintain proper oversight.

Control Card

- Keeps Travel Cards secure
- Distributes cards when needed
- Collects cards right after travel ends

Transaction Management

- Reviews all charges
- Gets the Department Head's approval
- Checks for prohibited purchases

Budget Oversight

- Ensures proper fund allocation
- Confirms budget availability

Reporting

- Collects receipts and documentation
- Prepares monthly Account Activity Report
- Submits reports to Card Services on time

Completing the Application

Downstate Health Sciences University's Credit Card Programs: PCard, TCard, and NET Card are widely accepted Visa cards issued by J.P. Morgan Bank. They are designed to provide a more efficient means of making routine purchases and processing business travel by reducing paperwork and wait time on these transactions. This allows more purchasing responsibility and control at the department level and streamlines the purchasing and reimbursement cycles.

Quick Links

[Certify](#)[Submit Packages](#)[Statements](#)[Book Travel](#)[EMarket](#)[Forms](#)

The **Travel Coordinator** is responsible for completing the Cardholder Application form.

This form can be found on the Card Services Department's homepage.

The supervisor should fill it out accurately, providing all required details about the cardholder and the funding for the card.

Completing the Application

If there are any changes to the cardholder's status or funding source, the supervisor must notify the Card Services Department.

1. ACTION			
<input type="radio"/> New Card <input type="radio"/> Add Account(s) <input type="radio"/> Department Transfer <input type="radio"/> Close Card			
<small>* Indicates a required field</small>			
<input type="checkbox"/> PCARD		<input type="checkbox"/> TCARD	<input type="checkbox"/> NETCARD
2. APPLICANT INFORMATION			3. DEPARTMENT ADMIN.
Full First Name* Middle Initial Last Name*			Name*
NetID*		NYS ID*	Business Phone Number
4. NAME AS IT WILL APPEAR ON CARD		5. ACCOUNT CONTACT INFORMATION	
Name as it will appear on Card* (21 character limit – including spaces)		Email address* (firstname.lastname@downstate.edu)	
		Business Phone Number*	Mobile Phone Number*
6. DEPARTMENT INFORMATION		7. TRANSFER TO DEPARTMENT	
Department Name*		New Department Name	
Mailing Address*		Mailing Address	
City*		City	
State*	Zip Code*	State	Zip Code
8. DEPARTMENT ACCOUNT		9. TRANSFER TO DEPARTMENT ACCOUNT	
Primary SUNY 8-digit account # *	Additional account #	Primary SUNY 8-digit account#)	Additional account #
Additional account #	Additional account #	Additional account #	Additional account #
Additional account #	Additional account #	Additional account #	Additional account #

The **Cardholder Application/Change Form** can be used to update this information.

Keeping the Card Services Department informed ensures that the card is used appropriately.

Completing the Application

10. CARDHOLDER CERTIFICATION - please read and sign	
I am the Applicant, I Acknowledge that I am responsible for: (1) Abiding by the policies and guidelines set forth in the Card Program.	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cardholder/Applicant Name Printed*	Cardholder/ Applicant Signature* (ELECTRONIC ACCEPTABLE) Date*
11. SUPERVISOR CERTIFICATION - please read and sign	
As above signee's Supervisor, I acknowledge that I am responsible for (1) Ensuring that the Employee abides by the policies and guidelines set forth in the Card Program, (2) taking appropriate action in the event of fraud or if the Cardholder's employment is terminated, (3) canceling the card if any misuse or fraud is identified, (4) ensuring all reports/documents are checked for accuracy, and (5) verifying the Monthly Bank Card Statement.	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Supervisor/ Approver Name Printed*	Supervisor / Approver Signature* (ELECTRONIC ACCEPTABLE) Date*
12. CARD SERVICES APPROVAL- please read and sign	13. HOSPITAL OPERATIONS APPROVAL- please read and sign
The information in the application and its supporting documents is accurate to the best of the Company's knowledge. The Applicant has consented to their information being provided for this application and a card being issued in their name.	The Accounting Unit provided is authorized. The Senior Leader (CEO, COO, CNO, CFO, CSO, CMO, CQO, CIO, CIO, CMIO) are the final approvers for PCard use in their respective areas.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Card Services Signature* (ELECTRONIC ACCEPTABLE) Date*	Hospital Admin Signature* (ELECTRONIC ACCEPTABLE) Date*

Hospital Administration must approve ALL UHD-funded Cards.

The approving supervisor should submit the completed application to Hospital Administration for review.

This step ensures that the hospital's leadership oversees the issuance of all UHD-funded cards.

Once the application is approved, the approving supervisor should submit it to the Card Services Department via email to **CardServices@downstate.edu**.

A Card Services Rep. will review and process the application.

Once the application has been processed:



Your new TCard will arrive in the mail within 7-10 business days. Keep an eye out for an email from the card services department.

A Card Services Representative will send you detailed instructions on how to securely retrieve your card. Follow these steps carefully to ensure you receive your card without any issues.

Included with your TCard will be a Cardholder User Agreement. This is an important document outlining your responsibilities as a TCard holder. Please review it carefully, sign it, and return it as instructed. This step is required to retrieve your card.

Activate your Card online at ccportal.jpmorgan.com or call 1-866-602-8170

Important Monthly Steps for Travel Card Expense Reports

Ensure that all transactions are reviewed, approved, and reported each month. Here's a step-by-step guide to help you navigate this process:

Step 1: Review and Approve Transactions

Work with your coordinator to review all TCard transactions for the month. Make sure you both understand and approve each transaction.

Step 2: Prepare the Expense Report

Once transactions are approved, prepare an Expense Report. This report must be submitted to Card Services for review within the required timeframe.


Your package must contain:

1. Signed Travel Approval Request form (Approved by Hospital or Campus CFO)
2. J.P Morgan Statement
3. Supporting documentation (invoices, receipts) for each transaction.
4. Agenda / Proof of attendance.

Step 3: Submit

Email the completed package in PDF file format to CardServices@downstate.edu





The card is for your use only. Do not allow others to use the card.

Intentional misuse or abuse of the TCard may result in immediate revocation of privileges and may include further disciplinary action up to and including termination of employment. You may also be financially liable for unauthorized purchases.

By understanding and fulfilling your responsibilities, you help ensure the proper use of the TCard for employee travel.

Travel Card Profiles and Spending Limits

Your Travel Card comes with important safeguards in place to protect institutional funds. Here's what you need to know:

Initial Transaction Limits

- All new Travel Cards are automatically set with a \$1.00 transaction limit
- This limit remains in place until proper documentation is received

Increasing Your Transaction Limit

To raise your transaction limit, you must:

1. Submit a Travel Approval Request to CFO-transactions@downstate.edu.
 - a. Hospital employees should send Travel Approval Requests to Hospital Administration.
2. Ensure all required signatures and approvals are in place.
3. Keep copies of submitted documentation for your records

How to Submit Documentation

- Email your approved Travel Request forms to: Cardservices@downstate.edu
- Wait for limit adjustment confirmation.

Important Note: Transaction limits will only be increased to match the specific amounts approved in your Travel Request. No exceptions will be made without proper authorization.



Using Your Travel Card : Approved Purchases

Your travel card allows you to handle business expenses while on the road. Here's what you need to know about using it properly. Your travel card covers essential business travel expenses. You can use it for:



Transportation

- Airline tickets and baggage fees
- Train or bus fares
- Rental cars
- Parking
- Taxi, rideshare, or shuttle services

Lodging

- Hotel rooms
- Resort fees
- Internet access fees

Travel-Related Incidentals

- Travel insurance

Remember to keep all receipts and document your expenses according to company policy. If you're unsure whether a specific purchase is allowed, check with your supervisor or the Card Services team before using the card.

Using Your Travel Card : Prohibited Credit Card Expenses

The following expenses are not authorized for company credit card purchases:

- **Alcoholic Beverages**

TCards may not be used to purchase any alcoholic beverages, including beer, wine, or spirits, regardless of the business context.

- **Personal Purchases**

The TCard is strictly for business use. Personal purchases of any kind are prohibited, even if you intend to reimburse the company.

- **Travel for Non-Cardholders**

You may only book travel arrangements for yourself using a Travel Card.

- **Food and Beverages**

Meals and drinks are not permitted. Business meals must be submitted through the expense reimbursement process with appropriate documentation.

- **Conference Registration**

All professional development and conference registrations must be paid via Departmental PCard.

- **Fuel Purchases**

Gasoline and Fuel expenses must be submitted through the expense reimbursement process with appropriate documentation.

- **Traffic and Parking Violations**

Any fines, tickets, or violations are the personal responsibility of the employee and cannot be paid using the TCard.

- **Subscriptions and Memberships**

Subscriptions and membership fees must be approved by your department head and processed via Departmental Pcard.

Remember: If you are unsure whether an expense is authorized, consult your supervisor or the Card Services Department before purchasing. Unauthorized use of the company credit card may result in disciplinary action and personal liability for the charges.

Travel Reimbursement

1. Understanding Travel Status

You're in "travel status" when you are:

- More than 35 miles from your official workplace AND
- More than 35 miles from your home

💡 **Example:** If you work in Albany and live in Saratoga Springs, a trip to New York City would qualify as travel status, while a trip to Schenectady would not.



2. Planning Your Business Trip ✈️

Step 1: Pre-Travel Approval

Before booking anything, complete these essential tasks:

a) Fill out the Travel Approval Request Form

Pro Tip: Save a blank copy as a template for future use:

Required fields:

- Estimated costs (be as accurate as possible)
- Your cost center/AU number
- All necessary approvals

3. Understanding What's Covered

✓ Lodging

- Book within GSA rates for your destination
- Save these documents:
 - a. Itemized hotel bill
 - b. Credit Card Statement
 - c. Lodging justification form(if needed)

✓ Transportation

Air/Train/Bus:

- Save confirmation emails
- Keep credit card statements
- Remember: Only show last 4 digits of card

✓ Personal Vehicle

- Statement of Automobile Travel
- Print MapQuest route
- Use current IRS rate
- Choose: Either mileage OR fuel (not both)
- Keep parking receipts

✓ Meals

- Check GSA per diem rates
- Keep all itemized receipts
- Use reasonable tip amounts
- List all attendees for group meals

✓ Taxi or Ride Share

- Get detailed receipts
- Note start/end points
- Use spreadsheet for multiple trips

✗ Not Reimbursable

- Entertainment
- Spa charges
- Hotel memberships
- Travel agency fees
- Laundry services
- Room service meals

✗ Not Reimbursable

- Extra legroom (unless medical note provided)
- Extra bags (except for work materials)
- Upgrades
- Insurance
- Cancellation fees

✗ Not Reimbursable

- Car repairs
- Insurance
- Towing
- Waiting fees

✗ Not Reimbursable

- Conference Provided Meals
- Alcohol
- Room service meals

✗ Not Reimbursable

- Waiting fees
- Cancellation fees

Travel Reimbursement



4. Submit your Claim

Send the following your documents to CardServces@downstate.edu within 30 days of your trip ending:

- Travel Approval Request Form
- Completed Report of Travel Expenses and Claim for Payment Form

- Copy of your Credit Card statement (redacted)
- Statement of Automobile Travel
- Completed Substitute W9(Non- employees only)
- Justification letters (if required)
- Itemized receipts for expenses (hotel, car, taxi, etc.)

5. Getting Reimbursed 💰

Your Claim will be processed in 30 Days.

Payment Methods:

1. Direct deposit (if already enrolled Check by mail (verify your address!))

Important Reminders:

- Convert foreign currency to USD
- Include all travel dates
- List all locations
- Never include SSN
- Redact irrelevant statement information

Reimbursement

Travelers may choose one of two methods for reimbursement for overnight travel and for lodging and meals.



Receipted Method

Breakfast and dinner are reimbursable meals but lunch is **NOT**. Tips and incidental expenses are included in the reimbursement amounts.

If your meals are included in the Conference Fee, you do not get a meal allowance.

Receipts are required for lodging but not for meals when using this method.

Reimbursement: Unreceipted Method

This option provides for a flat per diem rate allowance for meals, lodging, and incidental expenses regardless of where lodging is obtained. **No receipts are required when using this method.**

Reimbursement for meals, lodging and incidental expenses on a per diem basis as follows:

LOCATION	PER DIEM
New York City and Nassau, Suffolk, Rockland and Westchester Counties	\$50.00
Cities of Albany, Binghampton, Buffalo, Rochester, Syracuse, and their surrounding metropolitan areas	\$40.00
All other location in New York State	\$35.00
Out of State(this includes any out of state tax on lodging)	\$50.00

Unreceipted Meal Allowances for Day Trips

<u>Meal</u>	<u>Allowance</u>
Breakfast	\$5.00
Dinner	\$12.00


Important Changes as of 10/01/2024

Meals and Incidental Expenses Breakdown

Travelers should refer to the [GSA website](#) for future, current, and past per diem rates. Please note the following differences from the federal GSA per diem expense breakdowns:

- NYS does not reimburse employees for lunch; therefore, lunch is not included in the NYS M&IE per diem breakdown rate.
- NYS does not reimburse incidental expenses separately from the M&IE allowance.
- NYS does not use “First & Last Day of Travel” per diem rates.

<u>October 1, 2024 – September 30, 2025</u>		
Meals and Incidental Expenses Total	Continental Breakfast/ Breakfast	Dinner
\$68	\$14	\$54
\$74	\$15	\$59
\$80	\$16	\$64
\$86	\$17	\$69
\$92	\$18	\$74

 DOWNSTATE HEALTH SCIENCES UNIVERSITY		Campus Code: 28100 Date: _____ TRAVEL REQUEST: _____	
BUSINESS UNIT: 3300218 (POST OFFICE)		TELEPHONE: _____	
TRAVELER FIRST NAME: _____		SOURCE OF FUNDS: _____	
TRAVELER LAST NAME: _____		STATE ACCOUNT NUMBER: _____	
TRAVELER TITLE: _____		DEPARTMENT NAME: _____	
CITY: _____		DATES & TIME OF DEPARTURE: DATE: _____ TIME: _____	
STATE / COUNTRY: _____		DATES & TIME OF RETURN: DATE: _____ TIME: _____	
PURPOSE FOR TRIP: (If additional space is needed please type on a separate page)			
ESTIMATED COST REQUEST		ACTUAL EXPENSE	
TRANSPORTATION	\$ _____	TRANSPORTATION	\$ _____
REGISTRATION	\$ _____	REGISTRATION	\$ _____
MEALS	\$ _____	MEALS	\$ _____
HOTEL	\$ _____	HOTEL	\$ _____
OTHER	\$ _____	OTHER	\$ _____
TOTAL	\$ 0.00	TOTAL	\$ 0.00
APPROVER INITIALS: _____		PRINT APPROVER NAME: _____	
NOTE: Employees must select the method of travel that is in the best interest of the State. In the space below, explain the methodology used to select the mode of transportation and lodging if it was not the lowest rate (i.e. justify and explain, if the lodging exceeds the U.S. General Services Administration (GSA) per diem rate. (If additional space is needed please type on a separate page)			
CHECK ONE: <input type="checkbox"/> NEW YORK STATE <input type="checkbox"/> OUT-OF-STATE <input type="checkbox"/> OUT-OF-COUNTRY <small>NOT REQUIRED FOR NYC TRAVEL (Manhattan, Bronx, Queens, Brooklyn and Staten Island)</small>			
APPROVAL SIGNATURES:			
TRAVELER SIGNATURE: _____	TRAVELER SUPERVISOR: _____	DEPARTMENT CHAIR / HEAD: _____	

Travel Approval Request

To ensure compliance with our travel policies, please follow these essential steps before making any travel arrangements:

Step 1: Complete the Travel Request Form

Obtain and fill out the Travel Approval Request form. Be sure to include all required information, including:

- ✓ Travel dates and destination
- ✓ Purpose of travel
- ✓ Estimated expenses
- ✓ Funding source

Step 2: Obtain Required Approvals

- Forward your completed Travel Approval Request form to **CFO-Transaction@downstate.edu**. Keep a copy for your records.
- If your travel is hospital-funded, you must secure approval from Hospital Administration. Wait for confirmation before proceeding with any travel arrangements.

Questions? Contact the Finance Department for assistance.

<div style="display: flex; justify-content: space-between;"> State of New York <div> EMPLOYEE REPORT OF TRAVEL EXPENSES AND CLAIM FOR PAYMENT </div> </div>				
Agency Name			Business Unit/Department Code	
Employee ID		Official Station Address		Official Station Zip
Last Name		First Name		MI Suffix
Home Address		City		State Zip
Business Purpose		Travel Description		
Start Location Street		Start Location Zip		Check if used: <input type="checkbox"/> Corp Card <input type="checkbox"/> Advance <input type="checkbox"/> Direct Bill
Destination Location Street		Destination Location Zip		
Travel Start Date and Time		Travel End Date and Time		
1. Indicate All Travel Expenses <small>If more space is required in any section, use the associated detail form (number shown in parenthesis below)</small>		Totals		2. Summary Amount
Lodging				A. Total Travel Expenses
				B. Subtract Amount Paid with Travel Advance
Transportation (AC 3259-S)				C. Subtract Amount Billed to Corp Card (AC 3256-S)
				D. Other Direct Bill to Agency (Specify)
Meals (AC 3258-S) Overnight Per Diem @ \$ each =				
Additional Breakfast @ \$ each + Additional Dinner @ \$ each =				
Day Trip Breakfast @ \$ each + Day Trip Dinner @ \$ each =				
				E. Other Adjustments (Specify)
Mileage Claimed (AC 160-S) @ ¢ per mile =				
Incidental Expenses – List (AC 3258-S)				
Total Travel Expenses – Enter in Section 2 Line A				Total Amount Claimed
Traveler's Certification I hereby certify that the above account and attached schedules are just, true and correct, that no part thereof has been paid, except as stated therein, and that the balance therein stated is actually due and owing, and that the amounts claimed were necessary and incurred in the performance of my official duties.				
<div style="display: flex; justify-content: space-between;"> <div>_____ Signature</div> <div>_____ Title</div> <div>_____ Date</div> </div>				
Supervisor's Certification (if required) I, the claimant's supervisor, certify that this account has been examined and to the best of my knowledge and belief, the amounts claimed therein were necessary for the performance of the claimant's authorized official duties.				
<div style="display: flex; justify-content: space-between;"> <div>_____ Signature of Supervisor</div> <div>_____ Title</div> <div>_____ Date</div> </div>				
FOR AGENCY USE ONLY		Expense Report Number		Travel Auth. Code
Entered by		Date		

REPORT OF TRAVEL EXPENSES AND CLAIM FOR PAYMENT

Use this form to claim reimbursement for out of pocket travel expenses. Include the following required information:

- ☐ Traveler's (NYS# - 9 digits)
- ☐ Traveler's home address
- ☐ Purpose for travel
- ☐ Destination (including county/city)
- ☐ Departure & return times
- ☐ Travel expenses (meals, lodging, etc.)
- ☐ Traveler's signature
- ☐ Supervisor's signature
- ☐ Account Unit (funding source)

AC3257-S (Effective 1/12)				
State of New York		CLAIM FOR TRAVEL REIMBURSEMENT BY A NON-EMPLOYEE		
Agency traveled for				
Vendor ID		Vendor Name		
Last Name		First Name		MI Suffix
Address				
City		State	Zip	
Business Purpose		Travel Destination		
Travel Start Date and Time		Travel End Date and Time		
Travel Description				
Indicate All Expenses – If more space is required in any section, use the associated detail form (number shown in parentheses below)				Totals
Lodging				
Transportation (AC3259-S)				
Meals (AC3258-S)				
Mileage Claimed (AC160-S)				
miles @ ¢ per mile =				
Incidental Expenses – List (AC3259-S)				
Total Amount Claimed				
<p align="center">Vendor's Certification</p> <p>I certify that the above bill is just, true and correct; that no part thereof has been paid except as stated and that the balance is actually due and owing, and that taxes from which the State is exempt are excluded.</p>				
Signature		Title		Date

REPORT OF TRAVEL REIMBURSEMENT BY A NON-EMPLOYEE

Use this form to claim reimbursement for out of pocket travel expenses. Include the following required information:

- ☐ Traveler's (NYS# - 9 digits)
- ☐ Traveler's home address
- ☐ Purpose for travel
- ☐ Destination (including county/city)
- ☐ Departure & return times
- ☐ Travel expenses (meals, lodging, etc.)
- ☐ Traveler's signature
- ☐ Supervisor's signature
- ☐ Account Unit (funding source)

LODGING JUSTIFICATION
FOR OVER THE PER DIEM RATE

Requisition # _____

Actual Cost: \$ _____ Per Night

Name: _____

Destination: _____

Per Diem Rate: \$ _____ Per Night

Please authorize my hotel expense which was higher than the allowed per diem rate because:

- ☐ The hotel is where the conference was held, saving additional travel expenses.
- ☐ The hotel was convenient for networking and business purposes.
- ☐ The hotel was the least expensive hotel in the conference area.
- ☐ It was the only hotel available in the conference area.
- ☐ The hotel was within walking distance of the conference site.
- ☐ I shared this room with a colleague (Name) _____
- ☐ The hotel had a discounted rate because it was suggested by the conference.

Other: _____

Signature of Traveler _____

Date _____

Authorized Signature
(Department Head/Chairmen)

Date _____

Lodging Justification

If your hotel costs exceed the Federal Per-Diem rate (domestic or foreign travel), you'll need to submit a Lodging Justification form. **Your Department Head or Chairman must approve any rates above the State Per-Diem before your trip begins.**

Payment Options

You have three ways to pay for your hotel:

1. J.P. Morgan Travel Card

- This is the preferred payment method.
- Direct billing to the organization
- Simplified expense tracking
- No personal reimbursement needed

2. NYS Purchase Order

- Plan 60 days ahead
- Prepare your requisition
- Submit to Purchasing Department
- Allow time for processing
- Receive approved purchase order

3. Personal Credit Card

When using personal funds:

- Save all original receipts
- Complete expense report after travel
- Submit for reimbursement

100

When buses, trains, or other public transit options are available, please use them. They're typically more cost-effective and support our environmental goals.

If you choose a more expensive travel option when public transportation is available, you will be reimbursed at the cost of public transportation. Exceptions require advance approval from your manager.

Foreign Travel



Travel outside the continental United States is reimbursed based on the maximum per diem allowance set by the U.S. Department of State.

This allowance, which is published monthly, covers lodging and meal expenses.

Visit <https://aoprals.state.gov/> for more information on foreign per diem rates.

KEY TAKEAWAYS



Plan Ahead!

Submit the necessary documents for approval ahead of time. Estimate travel costs appropriately to ensure that the TCard is sufficiently funded.

Communicate Early!

Anticipate issues and ask for help before travel.

Be Aware of Potential Consequences!

Failing to comply with Travel policy can lead to investigation and action.

Questions? Don't hesitate to reach out to Card Services if you're unsure about anything. We're here to help you navigate the process!

Need help with your card? We're here for you.

 **Send us an email at CardServices@downstate.edu**

 **Give us a call at (718) 270-3056**

 **Visit us in person at 711 Parkside Ave., Room BA-33 (Mail Stop Code 130)**

[Visit our Card Services Homepage](#) → for instant access to all our services.