DOWNSTATE
HEALTH SCIENCES UNIVERSITY

Cardholder Application/Change Form

Send completed form to *Card Services Department, MSC 130, Fax: (718) 270-3850*

☐ Procurement Card ☐ Travel Card ☐ NET Card ☐ Application ☐ Add Acct(s) ☐ Close card ☐ Dept transfer

The following employee requests participation in the DHSU Card Program. The Cardholder, Supervisor, and Department Head acknowledge that they will comply with all of the rules and regulations for this program and will be available for on-site training sessions.

Employee Name: _____ Title: _____ Tel. Ext.: _____

Last 4 of Social Security #: _____ Department: _____ Bldg-Rm/MSC: _____

Email: _____@downstate.edu User ID: _____ NYS ID: _____
NetID *N number*

Department Account: enter Primary and additional SUNY Account #s (8 digits) cardholder is authorized to purchase from:

Primary/Default Account #: _____ additional Accounts: _____ _____

Attach list for more Accounts. Transfer to Department: _____

Employee Signature: _____ Date: _____

To be completed by Employee's Supervisor and Department Head:

As _____'s Supervisor, I acknowledge that I am responsible to
(cardholder name)
(1) ensure 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, ($) ensuring all reports/documents are checked for accuracy, and (5) verifying the Monthly Citibank Card Statement.

Supervisor Approval: _____ _____ _____ _____
(Print Name) *(Print Title)* *(Signature)* *(Date)*

To Be Completed by DMC Card Services Department:

☐ APPROVED – Card Services signature: _____ Date _____

☐ DISAPPROVED – Reason: _____

Security Access Administrator Use Only

Finance Security completed ☐