

## 1. ACTION

New Card

Add Account(s)

Department Transfer

Close Card

\* Indicates a required field

PCARD

TCARD

NETCARD

## 2. APPLICANT INFORMATION

Full First Name\* Middle Initial Last Name\*  
NetID\* NYS ID\*

## 3. DEPARTMENT ADMIN.

Name\*  
Business Phone Number

## 4. NAME AS IT WILL APPEAR ON CARD

Name as it will appear on Card\* (21 character limit – including spaces)

## 5. ACCOUNT CONTACT INFORMATION

Email address\* (firstname.lastname@downstate.edu)  
Business Phone Number\* Mobile Phone Number\*

## 6. DEPARTMENT INFORMATION

Department Name\*  
Mailing Address\*  
City\*  
State\* Zip Code\*

## 7. TRANSFER TO DEPARTMENT

New Department Name  
Mailing Address  
City  
State Zip Code

## 8. DEPARTMENT ACCOUNT

Primary SUNY 8-digit account # \* Additional account #  
Additional account # Additional account #  
Additional account # Additional account #

## 9. TRANSFER TO DEPARTMENT ACCOUNT

Primary SUNY 8-digit account# Additional account #  
Additional account # Additional account #  
Additional account # Additional account #

## 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.

X

Cardholder/Applicant Name Printed\*

X

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.

X

Supervisor/ Approver Name Printed\*

X

Supervisor / Approver Signature\* (ELECTRONIC ACCEPTABLE)

Date\*

## 12. CARD SERVICES 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.

X

Card Services Signature\* (ELECTRONIC ACCEPTABLE)

Date\*

## 13. HOSPITAL OPERATIONS APPROVAL- please read and sign

The Accounting Unit provided is authorized. The Senior Leader (CEO, COO, CNO, CFO, CSO, CMO, CQO, CXO, CIO, CMIO) are the final approvers for PCard use in their respective areas.

X

Hospital Admin Signature\* (ELECTRONIC ACCEPTABLE)

Date\*