



Cardholder Application/Change Form

Send completed form to CardServices@downstate.edu

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. () ___ - _____

Department: _____ Administrator: _____ 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, (4) ensuring all reports/documents are checked for accuracy, and (5) verifying the Monthly Bank Card Statement.

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

Hospital Operations 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

*Hospital Operations Approval is needed for Hospital Funded PCards.