



CARDHOLDER APPLICATION FORM

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

Procurement Card

Travel Card

Net Card

The following employee requests participation in the DMC 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: _____
NetID

Department Account: enter Primary and up to 7 additional SUNY Acct #s (8 digits) you are authorized to purchase from:

Primary/Default Account #: _____ additional Accounts: _____

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 Procurement Card if any misuse or fraud is identified, (4) ensuring all reports/documents are checked for accuracy, and (5) verifying the Monthly Citibank Card Statement.

Supervisor
Approval:

(Print Name)

(Print Title)

(Signature)

(Date)

Department Head

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

Legacy System User ID: _____ Password: _____
NetID *initially WELCOME*

Job Function: _____ Comments: _____