

# State Procurement Card Application for JP Morgan Visa and State Accounts

Directions: Complete and print pages 1 and 2. Mail to:

**Procurement Card Administrator** 

100 Bray Hall

purchasing@esf.edu

## Part I Cardholder/Applicant Information:

I acknowledge that I will follow all rules and regulations of the SUNY ESF State JP Morgan Visa Procurement Card Guidelines. I agree to complete a PCard training session and will sign and abide by the cardholder acknowledgement form terms and conditions upon receipt of the card. I understand that use of this card for any personal expense or fraudulent use is prohibited, and I will be liable for such purchases. I will not exceed my authorized transaction limits. I will not share the card or the card number with anyone else. I will complete all reconciliations within program guidelines and review all statements for accuracy and present to my approver for signature. ESF or JP Morgan may terminate use of the procurement card at any time for any reason.

Name on card:		_ Title:
(Individual who will do the purchasing with the card)		
Signature:		_ Date:
Department name:		_ Address:
Email:	_ Phone #: _	Ext:
SUNY ID#:	-	
<b>Note:</b> A reconciliation account will be established to provide a way to reconcile/certify the transactions e		through the application process to
Part II Procurement Card Limits and Acc	count Informa	ation:
Maximum single transaction limit \$ 2,500	N	Maximum \$50,000 total monthly limit
Other	(	Other
The credit card is coded to charge one ( <b>default</b> ) stareconciliation/certification. On the below line, specificard.		
Default State Account Number:		
Cardholders have the ability to transfer charges to		·
List on the below line any other state account nur	nbers to be tied i	n as alternate state accounts:

Application will not be processed without a signed Approving Official Agreement (see page 2) Submit page 1 and 2 together. Incomplete or illegible applications will be returned.

03/2016

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### Part III Department Head/Supervisor Authorization and Review of Cardholder Activity

### APPROVING OFFICIAL AGREEMENT

The appointment as an approving official represents the university's trust in you and your empowerment as a responsible employee of the university to safeguard and protect its assets.

As the Approving Official, you agree to comply with your responsibilities as outlined in the ESF Procurement Card Guidelines. You understand these guidelines and will comply with the terms and conditions and subsequent revisions. You understand that the university is liable to JP Morgan Visa for all charges made by the cardholder including charges made on a lost or stolen card before it is reported lost or stolen and that this liability is passed down to your department. You further understand that any allowable charges made by the cardholder within your department are the liability of your department. ESF or JP Morgan may terminate use of the card at any time for any reason.

As an Approving Official for the ESF Procurement Card Program, you understand that you are the control point for the integrity of the program and will monitor your department's budgets through the review of the cardholder's statement of account. You will review all transactions made by cardholders monthly, on or about the 14<sup>th</sup> of each month, ensure original documentation is matched to cardholder statements, take appropriate action—should violations occur, and sign all monthly cardholder statements.

You understand that the card is the property of the university, assigned to cardholders in your department and that, in the event of willful or negligent default of the cardholder obligations, the university shall take any recovery action deemed appropriate as permitted by law. You will ensure proper department procurement procedures are followed and appropriate documentation is kept. You will take appropriate action for violations by informing the cardholder of the problem and the consequences of violation and notify the necessary authority. Furthermore, you will inform the PCard Program Administrator of any transfer or terminations of this cardholder, and/or transfer, termination, of your designation as the Approving Official.

#### Department Head/Supervisor must sign below and choose option #1 or option #2.

Option #1 - As the Department Head/Supervisor, I authorize the above cardholder. I also understand and accept the above Approving Official's responsibilities.

Department Head/Supervisor I	Name:	Title:	
Signature:		Date:	
Department name:		Address:	
Phone:	Email:		
Option #2 - As the Department H Official's responsibilities to:	ead/Supervisor, I authorize the above c	ardholder, <b>but</b> I choose to reassign the Approving	
Approving Official's Name:			
Department Head/Supervisor N	Name:	Title:	
Signature:		Date:	
As the assigned Approving Off above listed cardholder:	ficial, I understand and accept the ab	ove Approving Official's responsibilities for the	
Approver Name:	Signature:	Date:	
Department name:		Address:	
Phone:	Fmail <sup>.</sup>		

Submit page 1 and 2 together. Incomplete or illegible applications will be returned.

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