STATE VISA TRAVEL CARD APPLICATION FORM

Directions: Complete and print pages 1 & 2

Interoffice completed form to: Procurement, Travel & Card Programs Zip-6000
Email: sbu_travel_expense@stonybrook.edu

Part I Cardholder/Applicant Information:

I acknowledge that I will follow all rules and regulations of the University at Stony Brook Visa Travel Card (T-Card) Guidelines. I agree to complete a Travel Card 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 any required signatures. Stony Brook University or JP Morgan Chase may terminate use of this card at any time for any reason.

Employee Name: _____   Signature: _____

Employee Title: _____   Department: _____

E-mail Address: _____   Telephone: _____

Campus Address: _____ Bldg.: _____ Room No.: _____ Zip + (4)_____

SBU (SOLAR) ID: _____ Net ID: _____ NYS EMPLID: N_____

Application will not be processed without a supervisor's signature approval (see page 2)

Part II Supervisor Information & Approval:

As the supervisor of _____you agree to comply with your responsibilities as outlined in the University at Stony Brook
          (enter name of applicant/cardholder)
Travel 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 Chase 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. Stony Brook University or JP Morgan Chase may terminate use of the card at any time for any reason.

As an Approving Official for Stony Brook University Travel 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, to ensure that their reconciliations are completed timely, take appropriate action should violations occur, and sign off on all expense reports. Your monthly e-signature in Concur attests to the fact that all non-employee travel expenses were for official department business.

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 Procurement Office, Card Program Administrator of any transfer or terminations of this cardholder, and/or transfer, termination, of your designation as the Approving Official.

Department Supervisor Name: _____   Supervisor Title: _____

E-mail Address: _____   Telephone: _____

Procurement Card Limits: Per Transaction Limit $_____ (not to exceed $2,500)   Monthly Limit $_____ (not to exceed $7,500)
          Note that if you do not enter a value, the standard $2,500/$7,500 limits will be assigned.

The credit card is coded to charge one (default) state account number. Default State Account Number: _____

Supervisor Signature: _____   Date: _____

Dept. Fiscal Authorized Signature (if different than supervisor): _____

Part III Procurement Office Use Only: Procurement Card Administrator Signature: _____   Date: _____