



**Chase VISA PROCUREMENT CARD APPLICATION**

Requestor's Name: \_\_\_\_\_ LakerNet ID: \_\_\_\_\_

Campus Address: (dept, room, bldg) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Campus Phone: \_\_\_\_\_

SUNY ID Number (Last Four digits): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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As the above-named employer's supervisor, I acknowledge that I am responsible for ensuring that the employee abides by the terms and conditions set forth by New York State and SUNY Oswego governing the use of a JPM Chase VISA procurement card. I am responsible for taking appropriate action in situations involving misuse of the Procurement card. I am responsible for canceling the Procurement Card if the Cardholder is terminated for any reason or if any misuse or fraud is identified. I am responsible for making certain that the cardholder reconciles and certifies the monthly billing statements in a timely manner.

SUNY department account number(s) to be used:  
\_\_\_\_\_ (default)

\_\_\_\_\_ (secondary)

Per transaction limit: \$\_\_\_\_\_ \$500, \$1,000, \$1,500, \$2,500

Monthly limit: \$\_\_\_\_\_ (\$1000, 2500, 5000)

Supervisor's Name (Printed) \_\_\_\_\_

Supervisor's Name (Signed) \_\_\_\_\_

Dated: \_\_\_\_\_

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**Chief Fiscal Officer Approval:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Department Dean)

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Vice President for Admin/Finance)

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**Procurement Card Administrator's**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_