

VISA Procurement Card Account Maintenance Request

(To be completed by Cardholder's Supervisor)

Cardholder Information

Name: _____ Phone: _____ Zip: _____

SBU (Solar ID): _____ Net ID: _____

Department: _____ Email: _____

Type of Request

- Add Additional Account(s) to P-Card Access _____

***Dept. Fiscal Authorized Signature required below if different from supervisor**

- Remove Account(s) from P-Card Access _____
- Change Default Account Number _____
- Change Single Transaction Limit to \$ _____ (maximum \$2,500)
- Change Monthly Credit Limit to \$ _____ (maximum \$50,000)
- Cancel Card (circle appropriate reason and dispose of canceled card by shredding)
 - Employee terminated/retired
 - no longer needs card
 - switched department
 - Other _____
- Change cardholders currently listed supervisor:

 As _____ new supervisor, you agree to comply with your responsibilities as outlined in the
(Name of cardholder)

Stony Brook University Procurement Card Guidelines. You confirm that you are aware of the cardholder's account parameters (including but not limited to account access and transaction limits). You understand these guidelines and will comply with the terms and conditions and subsequent revisions. You understand that the university is liable to J.P. Morgan Chase (JPMC) 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 and/or JPMC may terminate use of the card at any time for any reason.

As an Approving Official for Stony Brook University 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, to ensure original documentation is matched to cardholder statements, take appropriate action should violations occur, and sign all monthly cardholder statements. Your monthly signature attests to the fact that all goods or services purchased were for official duties of this cardholder.

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 P-Card Program Administrator of any transfer or terminations of this cardholder, and/or transfer, termination, of your designation as the Approving Official. **Have you attended a P-Card Training Session? [] Yes [] No**

Supervisor Name: _____ Signature: _____ Date: _____

*Dept. Fiscal Authorized Signature (see above): _____ Date: _____