SUNY Cobleskill

Procurement / Travel Card / Net Travel Card Form

Procurement Card	Travel Card _	Net Card
Complete this form to request	that a new Cardholder be	added to the system. The Cardholder should complete the
fields listed below on the form,	sign and date and forward	to the supervisor. These cards are not for use by CAS, Research
Foundation, Cobleskill Founda	tion, Alumni Association, B	ooster Club, or Student Government.
Name (Last, First, MI):		
Email Address:		
Title:		<u>.</u>
Department:		Building/Room:
Phone:	SS #:	(Travel/NETCard Apps Only)
SUNY Id #:	NYS Id #:	(From Paystub for PCard App Only)
Department Account Numbe	r:	(State/IFR Funding ONLY)
Fulltime Faculty Staff: YES	S NO	Part-time/Adjunct Faculty Staff: YES NO
		Dates of Service:
Comments and Justifica	ation: (Justification	n must be given for issue of card.)
•	•	t he or she will safeguard the system assets assigned to Procurement/Travel/Net travel card system.
them and prevent unauthorized	duse of SONT Cobleskiil's	Tocurement Havemver tlavercard system.
Ciamatum.		D-4-
Signature		Date
		e on this form is authorization to add the user to the
	· · · · · · · · · · · · · · · · · · ·	a Procurement/Travel Card/Net Card. The supervisor will rmination, transfer or misuse of the card.
minodiatory notify the Great Ge	ara manufactor of addition	mination, transfer of misage of the cara.
Account Administrator/Supe	rvisor Signature	Date
***********	***********	********************
To be completed by the Busine	ess Office Only:	
Date Entered in to Citibank:		Entered by:
Transacti	on Dollar limit	Monthly Dollar Limit

December 15, 2018 LLG