SUNY Cobleskill

Procurement / Travel Card / Net Travel Card Form

Procurement Card	Travel Card _	Net Card
Complete this form to request that a re	new Cardholder be	added to the system. The Cardholder should complete the
fields listed below on the form, sign and	d date and forward	to the supervisor. These cards are not for use by CAS, Research
Foundation, Cobleskill Foundation, Alu	mni Association, B	ooster Club, or Student Government.
Name (Last, First, MI):		
Title:		
Phone:		SS#:
Department Account Number:		State/IFR Funding ONLY
Fulltime Faculty Staff: YES NO		Part-time/Adjunct Faculty Staff: YES NO
		Dates of Service:
Comments and Justification:	(Justification	n must be given for issue of card.)
<u> </u>	•	t he or she will safeguard the system assets assigned to Procurement/Travel/Net travel card system.
Signature		Date
computer system and confirmation that	t the user requires	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.
Account Administrator/Supervisor S	Signature	Date
************	**********	**************************************
To be completed by the Business Office	ce Only:	
Date Entered in to Citibank:		Entered by:
Transaction Dolla	r limit	Monthly Dollar Limit

November 11, 2014 LLG