



Employee/Supervisor: Sign and submit form to your Agency Liaison for review and approval.

Agency Liaison: Submit approved forms with original signatures to:

BSC Finance: Credit Card Unit

1220 Washington Ave.

Building 5

Albany, NY 12226-1900

Email: BSC.CC.Applications@ogs.ny.gov

Phone: 518-457-4272 Fax: 518-485-7047

Non-Employee Travel (NET) Card Application (page 1)

Section 1: Employee Information

First Name	MI	Last Name	Title	Last 4 SSN
Agency GLBU		Employee ID Number (can be found on pay stub)		SFS User ID (if known, otherwise use NYS/SLMS user id)
Work Address (full mailing address)				
Email Address			Work Phone Number	
SFS Approver Name		SFS Approver Employee ID	Proxy Name (if applicable)	Proxy Employee ID
Alternate SFS Approver Name		Alt SFS Approver Employee ID	Alternate SFS Approver Name	Alt SFS Approver Employee ID

Additional Information

Non-Employee Travel (NET) Cards will be issued to state employees to facilitate the payment of non-state employee travel expenses while traveling on state business.

Your use of a NYS Citibank Non-Employee Travel Card is subject to the following terms and conditions:

1. You are being entrusted with a valuable tool - a NYS Non-Employee Travel Card - which is to be used for business travel expenses for non state employees while they are on Official State business. Because you will be making a financial commitment on behalf of the State, you must strive to obtain best value for the State by following established travel policies as appropriate.
2. All charges made to your credit card will be posted to a central bill by Citibank. You will not receive a bill from Citibank (although you may view your monthly statement of charges on line at: <https://home.cards.citidirect.com/CommercialCard/Cards.html>). The cardholder must review the monthly Citibank statement for accuracy and reconcile each charge transaction to the vendor receipts and/or invoices in SFS. A NET card may be reconciled as Visa loads individual transactions; however the Citibank statement closes on the 6th of each month and should be reconciled no later than the 13th of each month.
3. You may use the NET card for authorized State transactions only. You may not use this credit card for personal charges. Your agency and the Office of the State Comptroller will audit the use of your card and take appropriate action on any discrepancies or unauthorized charges. Any evidence that your card has been used fraudulently will require an investigation, after which disciplinary action may result. Fraudulent use may also result in criminal prosecution.
4. You must follow the policies and procedures established by New York State for the use of this credit card. Failure to do so may result in revocation of your user privileges or other disciplinary action, which could include termination of employment.
5. NYS Citibank NET Cards are the property of New York State. You must return your card immediately upon request or upon termination of employment or retirement. Should there be any change in your employment status you must return this card and arrange to have a new card issued, if necessary.
6. If this credit card is lost or stolen, you must notify Citibank immediately at: 1-800-790-7206.
7. You must comply with any changes to the terms and conditions or policies and procedures concerning use of this credit card.

When your card arrives, it will be mailed to your work address.

As the employee applying for this card, I have read and understand these terms and conditions.

Employee Signature

Date



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Non-Employee Travel (NET) Card Application (page 2)

Section 2: Completed by Employee's Supervisor

Employee's Name

As _____ supervisor, I acknowledge that I am responsible to ensure that the employee abides by all state purchasing and travel rules and regulations. I am responsible for taking appropriate action in situations involving misuse of the NET Card. I am responsible for canceling the NET card if the cardholder is terminated for any reason or if any misuse or fraud identified. I am responsible for making certain that any reports I receive are checked for accuracy. I am also responsible for certifying the monthly cardmember report.

Cardholder Default Accounting Distribution (Chartfield)

Business Unit Department Code Program Fund Account Operating Unit Chartfield 1 Chartfield 2

Budget Reference PC Business Unit Project ID Activity ID

Budget Signature (if applicable)

Citibank (if applicable)

Hierarchy 1 Hierarchy 2 Hierarchy 3 Hierarchy 4 Hierarchy 5 Hierarchy 6 Hierarchy 7

10645

Monthly Limit

\$

Initial limit will be set at \$7,500 unless otherwise requested.

Section 3: Approvals

Approved by Employee's Supervisor

Employee's Supervisor's Name

Employee's Supervisor's Signature

Date

Approved by Division Director

Division Director's Name

Division Director's Signature

Date

Approved by Deputy Commissioner

Deputy Commissioner's Name

Deputy Commissioner's Signature

Date

Approved by Agency Liaison to the BSC

Agency Liaison to the BSC's Name

Agency Liaison to the BSC's Signature

Date