



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

Procurement Card Application (page 1)

Section 1: Employee Information

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

Additional Information

Your use of a NYS Citibank Procurement Card is subject to the following term and conditions:

1. You are being entrusted with a valuable tool - a NYS Procurement Card - which is to be used for the state's purchase of services and commodities. 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 purchasing 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 procurement 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 procurement 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 Procurement 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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Procurement Card Application (page 2)

Section 2: Completed by Employee's Supervisor

As [enter employee's name]'s supervisor, I acknowledge that I am responsible to ensure that the employee abides by all state purchasing rules and regulations. 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 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

00132

Request Limits:

Per Transaction Limit

\$

initially not to exceed \$2,500

Monthly Limit

\$

initially not to exceed \$10,000

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