



Stony Brook University Research Foundation Credit Card Application Form

Directions: Complete and print pages 1 & 2

Interoffice completed form to: Procurement, Travel & Card Programs Zip-6000

Email: sbu_travel_expense@stonybrook.edu

Part I Cardholder/Applicant Information:

I acknowledge that I have read and will follow all rules and regulations as outlined in the Stony Brook University Research Foundation Credit Card Guidelines as they relate to travel and commodity purchases. I agree to complete a Cardholder Training Session, and will sign and abide by the cardholder acknowledgement form terms and conditions upon receipt of the card. I understand that use of this card for any personal expense or fraudulent use is prohibited, and I will be liable for such purchases. I will not exceed my authorized transaction limits. I will not share the card or the card number with anyone else. I will complete all reconciliations within program guidelines and review all statements for accuracy and present to my approver for any required signatures. Stony Brook University or Bank of America may terminate use of this card at any time for any reason.

Employee Name: _____

Signature: _____

Employee Title: _____

Department: _____

E-mail Address: _____

Telephone: _____

Campus Address: _____ Bldg.: _____ Room No.: _____ Zip + 4: _____

SBU Employee ID (Badge): _____ Net ID: _____ State Employee Research Foundation Employee

***Application will not be processed without Part II approvals ***

Part II Supervisor Information & Approval:

As the supervisor of _____ you agree to comply with your responsibilities as outlined in the Stony Brook University
(enter name of applicant/cardholder)

Research Foundation (SBU/RF) Guidelines. You understand these guidelines and will comply with the terms and conditions and subsequent revisions. You understand that the university is liable to Bank of America 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, RF Central and/or Bank of America may terminate use of the card at any time for any reason.

As an Approving Official for the SBU/RF Credit Card Program, you agree to uphold the integrity of the program and will monitor your department's budgets through the review of the cardholder's statement of account. When the cardholder is using Non-Sponsored (IDC) funds, 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 approve monthly cardholder statements if required by the Project-Task-Award that is being expensed. Your monthly e-signature in Concur attests to the fact that all goods or services purchased were for official duties of this cardholder. Note that when the cardholder is using Sponsored Award funding, this would be the responsibility of the Principal Investigator (PI).

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 Procurement Office, Credit Card Program Administrator of any transfer or terminations of this cardholder, and/or transfer, termination, of your designation as the Approving Official.

Unreconciled transactions become the financial responsibility of the cardholder.

Cardholder privileges will be revoked until transactions are resolved.

Applicant's Supervisor Name: _____ Supervisor's Title: _____

E-mail Address: _____ Telephone: _____

Procurement Card Limits: Per Transaction Limit \$ _____ (not to exceed \$2,500) Monthly Limit \$ _____ (not to exceed \$5,000)

Note that if you do not enter a value, the standard \$2,500/\$5,000 limits will be assigned. Temporary increases to above noted limits can be obtained with proper justification and approval.

Supervisor's Signature: _____ Department Chair Signature: _____

Part III Procurement Office Use Only: Procurement Card Administrator Signature: _____ Date: _____