

University Credit Card Acceptance Statement

Please type. Complete all areas and return with required signatures and email to rmpyland@syr.edu
NOTE: Changes to existing cards are done internally and do not require the issuance of a new card. Call 443-1957 for assistance.

Type of Card Requested (Select one)

Procurement Only Procurement & Travel Travel Only

Name on Card: (Use Legal Name and do not exceed 26 total characters)

First: _____ Middle Initial: _____ Last: _____

SUID Number: _____ NET ID: _____

Home Address: _____ City: _____ Zip Code: _____

Date of Birth: _____ Country of Citizenship: _____

Campus Mailing Information:

Department Name: _____

Position: _____

Address: _____

Campus Phone: _____ Cell Phone: _____ Email Address: _____

Default Limits: **Travel Monthly Credit Limit:** \$10,000 | **Procurement Credit Limit:** \$5,000, with \$1,000 per transaction limit

Procurement & Travel Monthly Credit Limit: \$15,000, with \$1,000 per transaction limit on Procurement purchases
and \$9,999 on Travel and Entertainment purchases.

Requests for limits other than the default must be submitted in writing with this acceptance statement.

Default Chart String: _____

Person responsible for monthly reconciliation - Name: _____

Email: _____

Person responsible for financial approval - Name: _____

Email: _____

*I agree to use this card for approved purchases only as stated in the University Credit Card Policy.
purchasing.syr.edu I further understand that it may be revoked at any time.*

Cardholder Signature: _____ Date: _____

*I hereby authorize the employee named above to receive a University Credit Card to be used only for official
University business. Along with assuring proper process handling within the monthly credit limit specified,
I verify this prospective card holder is a permanent employee.*

Supervisor Signature: _____ Date: _____

Printed: _____ Title: _____

Request for cards with Travel must be signed by the Division Head your department reports to.

Division Head/Chancellor Signature: _____ Date: _____

Printed: _____

Purchasing Use Only

User Created Online Card Requested Card Received Card Distributed

Last 6 Digits of Card Number: _____ MCCP