



Move/Transfer Credit Card Application

Please type. No hand-written applications will be accepted. Complete all areas and return with required signatures to jpmcsucc@syr.edu. Changes to existing cards are done internally and do not require the issuance of a new card. Call 315.443.1957 for assistance.

Previous Hierarchy/Department: _____

New Hierarchy: _____

Name on card: (Use legal name and do not exceed 26 total characters; no punctuation)

First: _____ Middle Initial: _____ Last: _____

First 9 Digits of SUID Number: _____ NetID: _____

Home Address: _____ City: _____ St: _____ Zip Code: _____

Date of Birth _____ Country of Citizenship: _____

New Campus Mailing Information:

Department Name _____

Position: _____

Address: _____

Campus Phone: _____ Cell Phone: _____ Email: _____

Default Limits

Travel Monthly Credit Limit: \$10,000 | **Procurement Credit Limit:** \$5,000, with \$3,000 per-transaction limit

Procurement and Travel Monthly Credit Limit: \$15,000, with \$3,000 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.

New Default Chart String: _____

Delegate for monthly reconciliation: Name: _____
Email: _____

Budget Manager: Name _____
Email: _____

***I agree to use this card for approved purchases only as stated in the [University credit card policy](#).
I further understand that it may be revoked at any time.***

Cardholder Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Printed: _____ Title: _____

Requests for cards with **travel** must be signed by the head of your department's division.

Division Head/Chancellor Signature: _____ Date: _____

Printed: _____