

Syracuse University Credit Card Application

All new applicants must complete training through [Qualtrics](#) prior to submitting their application for processing. Failure to do so will result in a rejection of the application.



Syracuse University Credit Card Acceptance Statement

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.

Please select card type:

Procurement Only

Procurement and Travel

Travel Only

Hierarchy Number and Name (63378XXXX-X): _____

Detailed Business Purpose: _____

Expected Number of Transactions per Month: _____

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: _____

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.

Default Chart String: _____

Delegate for 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, found in full at policies.syr.edu/policies/administrative-and-financial/university-credit-card-policy.
I further understand that it may be revoked at any time.***

Cardholder Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Printed: _____ Title: _____

All card requests **must** be signed by the head of your department's division, which can be found at chancellor.syr.edu/university-leadership-2/chancellors-council.

Division Head/Chancellor Signature: _____ Date: _____

Printed: _____