

# University Credit Card Acceptance Statement

Please type. Complete all areas and return with required signatures and email to [jpmcsucc@syr.edu](mailto:jpmcsucc@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)

Hierarchy ID: \_\_\_\_\_

First: \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last: \_\_\_\_\_

SUID Number: \_\_\_\_\_ NET ID: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth(MM/DD/YYYY): \_\_\_\_\_ 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](mailto: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