

## University Credit Card Acceptance Statement

Please print or type. Complete all areas and return with required signatures to:  
Diane DiPino, Office of the Treasurer, 621 Skytop Rd, Ste. 120, Phone: 443-1957, Fax: 443-1986  
Email: [djdipino@syr.edu](mailto:djdipino@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:**       Procurement Only  
    Travel Only  
    Procurement **plus** Travel \*new\*

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

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

SUID Number: \_\_\_\_\_ **USER ID:** \_\_\_\_\_

### Campus Mailing Information:

Department Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone No: \_\_\_\_\_ Fax No. \_\_\_\_\_ Email Address: \_\_\_\_\_

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

**Name of Person responsible for monthly reconciliation:** \_\_\_\_\_

**Name of Person responsible for financial approval:** \_\_\_\_\_

I agree to use this card for approved purchases only as stated in the University Credit Card Policy. (<http://treasurer.syr.edu>) I further understand that it may be revoked at any time.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Card holder)

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.

Signed: \_\_\_\_\_ Printed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Card holder's Supervisor)

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Request for cards with Travel must be signed by the Cabinet Officer your department reports to.

Signed: \_\_\_\_\_ Printed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Cabinet Officer)

**For Treasurer's Office Use Only:** Treasurer Approval: \_\_\_\_\_

User Created Online  Card Requested  Card Received

Last 6 Digits of Card Number: \_\_\_\_\_ Card Distributed  MCCP initials