

Application for the NYS JP Morgan Chase Visa Procurement Card

Cardholder Information					
New Cardholder:	Current Cardhold	er in New Position on Campus:			
Full Name:	Last		First		M.I.
Department:	Department Name		Building a	and Room #	
Campus Title:			Department Account Number		(144-1-145-141
Email:			Office P	hone:	(set as a default)
Per Transaction Limit	:: Minimum \$500	Monthly		 Minimum \$1000	,
Signature				Date	
	De	epartment Manager (Chair, De	ean or V	/P)	
Name:			_Title: _		
Signatura				 Date	
Signature				Date	
Return this completed form to:		Danielle Lewis, Procurement Card Administrator Purchasing & Accounts PayableOffice Miller Building, Room 310			
		Business Office Use On	ly		
Budget Office:				Date Issued	
Certification Training		LCN		SUNY ID	