

VISA Procurement Card Account Maintenance Request

SBU (Solar ID):		(T	o be completed by	Cardholder	's Supervisor		
SBU (Solar ID):	Card	holder Information					
SBU (Solar ID):	Name:		Phone:		Zip:		
Pope of Request							
Popt. Fiscal Authorized Signature required below if different from supervisor Remove Account(s) from P-Card Access Change Default Account Number Change Single Transaction Limit to \$							
*Dept. Fiscal Authorized Signature required below if different from supervisor Remove Account(s) from P-Card Access Change Default Account Number Change Single Transaction Limit to \$							
*Dept. Fiscal Authorized Signature required below if different from supervisor Remove Account(s) from P-Card Access Change Default Account Number Change Single Transaction Limit to \$		•					
Change Default Account Number Change Single Transaction Limit to \$	0	Add Additional Account(s) to P-Card	d Access			_	
Change Default Account Number Change Single Transaction Limit to \$		*Dept. Fiscal Authorized Signature	required below if c	lifferent fro	 om superviso	 r	
Change Single Transaction Limit to \$	0				-		
Change Single Transaction Limit to \$	0						-
Change Monthly Credit Limit to \$ (maximum \$50,000) Cancel Card (circle appropriate reason and dispose of canceled card by shredding) Employee terminated/retired no longer needs card switched department Other	0	Change Single Transaction Limit to S	\$ (maxir	num \$2,500))		
Employee terminated/retired no longer needs card switched department Other	0						
Other	0	Cancel Card (circle appropriate reas	son and dispose of c	anceled ca	rd by shreddi	ng)	
As						· ·	
(Name of cardholder) Stony Brook University Procurement Card Guidelines. You confirm that you are aware of the cardholder's account parameters (including but not limited to account access and transaction limits). You understand these guidelines and wi comply with the terms and conditions and subsequent revisions. You understand that the university is liable to J.P. Morgan Chase (JPMC) Visa for all charges made by the cardholder including charges made on a lost or stolen card before it is reported lost or stolen and that this liability is passed down to your department. You further understand that any allowable charges made by the cardholder within your department are the liability of your department. Stony Brook University and/or JPMC may terminate use of the card at any time for any reason. As an Approving Official for Stony Brook University Procurement Card Program, you understand that you are the control point for the integrity of the program and will monitor your department's budgets through the review of the cardholder's statement of account. You will review all transactions made by cardholders monthly, to ensure original documentation is matched to cardholder statements, take appropriate action should violations occur, and sign all monthly cardholder statements. Your monthly signature attests to the fact that all goods or services purchased were for official duties of this cardholder. You understand that the card is the property of the university, assigned to cardholders in your department and that, in the event of willfull or negligent default of the cardholder obligations, the university shall take any recovery action deemed appropriate as permitted by law. You will ensure proper department procurement procedures are followed and appropriate documentation is kept. You will take appropriate action for violations by informing the cardholder of the problem and the consequences of violation and notify the necessary authority. Furthermore, you will inform the P-Card Program Administrator of any transfer o	0						
		(Name of cardholder) Stony Brook University Procurement parameters (including but not limited comply with the terms and condition Morgan Chase (JPMC) Visa for all chit is reported lost or stolen and that allowable charges made by the card University and/or JPMC may termine As an Approving Official for Stony Begoint for the integrity of the prograc cardholder's statement of account. documentation is matched to carding monthly cardholder statements. You understand that the card is the the event of willful or negligent defined appropriate documentation is kept. problem and the consequences of verogram Administrator of any transparence.	nt Card Guidelines. Yed to account accessons and subsequent harges made by the this liability is passed holder within your nate use of the card Brook University Promand will monitor. You will review all the holder statements, the property of the unifault of the cardhold by law. You will ensure you will take approviolation and notify after or terminations.	You confirm as and trans. Ye cardholder be down to departmen at any time curement Cyour departransactions ake appropre attests to versity, asser obligations are proper copriate actions of this card	a that you are action limits) you understant including chart are the liable for any reast ard Program thent's budges made by capriate action so the fact that signed to card ons, the university authority. It holder, and/	aware of the cardholder's a You understand these guided that the university is liable arges made on a lost or stole ment. You further understantility of your department. Stoon. , you understand that you a gets through the review of the redholders monthly, to ensure should violations occur, and that all goods or services purchant thouse in your department ersity shall take any recovery procurement procedures are ons by informing the cardholour transfer, termination, of y	elines and will e to J.P. en card before and that any ony Brook ere the control ne e original sign all ased were for and that, in action of followed and lder of the m the P-Card
*Dept. Fiscal Authorized Signature (see above): Date: Date:	Superv	isor Name:	Signatu	re:		Date:	
	*Dept.	Fiscal Authorized Signature (see abo	ove):			Date:	