

APPLICATION FOR NYS CITIBANK VISA INDIVIDUAL TRAVEL ACCOUNT

I understand this Individual Travel Account (ITA) is to be used solely for official business travel for Airfare/Amtrak expenses on behalf of my campus.

Account Holder Responsibilities:

- Participate in any required training for this program.
- Review Individual Travel Account Procedures and Guidelines.
- Adhere to all policies and procedures related to the use of the ITA and the appropriate use of State funds.
- All Airfare/Amtrak expenses must be reconciled in Concur by the accountholder. For each Airfare and Amtrak ticket purchased you will receive an email from Euro Lloyd Travel Agency confirming your travel, along with an itinerary, e-invoice and e-receipt. Attach these to the Expense Report in Concur when reconciling your trip. Refer the Concur link on the Stony Brook Travel Website. <https://www.stonybrook.edu/commcms/travel-and-expense>
- Notify the ITA Program Administrator of any status changes that may impact the use of your ITA such as, change in supervisor or State default account number, transferring to another department or terminating or retiring from employment.

EMPLOYEE INFORMATION – PLEASE PRINT LEGIBLY

State Employee Name: _____

Stony Brook ID# (9 digit number located on your ID card) _____

Last 4 digits of SS# _____

Title: _____

Department: _____

Campus Address: _____

Campus Phone: _____

E-mail Address: _____

Employee Signature: _____ Date: _____

Supervisor Responsibilities:

- Ensure that the accountholder fulfills his or her responsibilities as stated above.
- Take appropriate action in situations involving misuse of the ITA.
- Request cancellation of the ITA if the employee is terminated, if any misuse or fraud is identified or if employee transfers to another department.
- **Review monthly financial reports for Airline/Amtrak expenses, attesting to the fact that all travel expenses were for the official duties of the account holder. Notify the ITA Program Administrator immediately of any discrepancies and or unauthorized charges**
- Notify the ITA Program Administrator of any changes to the accountholder’s default State account number and or supervisor

Supervisor’s Name: _____

Title: _____

Supervisor’s Signature: _____ Date: _____

SUNY Default Department Account Number to be charged: _____

Signature of Account Manager if different than Supervisor: _____

Travel Limits:

Per Transaction Limit \$ 2,500.00 Monthly Limit \$ 10,000

ITA Program Administrator Signature: _____

Return completed application with all required signatures to Joanne DeSantis, Procurement Zip - 6000