

# State Procurement Card Application for Citibank Visa and State Accounts

## Directions

1. Complete and print pages 1 and 2.
2. Email scanned copy of the completed form to [ubs-statepcard@buffalo.edu](mailto:ubs-statepcard@buffalo.edu).

## I. Cardholder Information

I acknowledge that I will follow all rules and regulations of the University at Buffalo State Citibank Visa Procurement Card Guidelines. I agree to complete a PCard training session, and will sign and abide by the cardholder acknowledgement form terms and conditions upon receipt of the card. I understand that use of this card for any personal expense or fraudulent use is prohibited, and I will be liable for such purchases. I will not exceed my authorized transaction limits. I will not share the card or the card number with anyone else. I will complete all reconciliations within program guidelines and review all statements for accuracy and present to my approver for signature. The University at Buffalo or Citibank may terminate use of the procurement card at any time for any reason.

**Name on Card:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
*(Individual who will do the purchasing with the card)*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Department Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_ **Ext:** \_\_\_\_\_

**UB Person Number:** \_\_\_\_\_ **UBITName:** \_\_\_\_\_  
*(Displayed on the front of your UB Card)*

**Note:** A reconciliation account will be established for the cardholder through the application process to provide a way to reconcile and certify the transactions electronically.

## II. Account Information

Maximum single transaction limit \$4,999  
Other: \_\_\_\_\_

Maximum \$25,000 total monthly limit  
Other: \_\_\_\_\_

The credit card is coded to charge one (default) state account number automatically via the electronic reconciliation and certification. On the below line, specify the default state account number to be used most often with the card.

**Default State Account Number:** \_\_\_\_\_

Cardholders have the ability to transfer charges to other state accounts within the cardholder reconciliation process. List on the below line any other state account numbers to be tied in as alternate state accounts:

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Application will not be processed without a signed Approving Official Agreement (see page 2.)

Submit page 1 and 2 together. Incomplete or illegible applications will be returned.

**Cardholder Applicant Name:** \_\_\_\_\_

### III. Authorization

#### APPROVING OFFICIAL AGREEMENT

**The appointment as an approving official represents the university's trust in you and your empowerment as a responsible employee of the university to safeguard and protect its assets.**

As the Approving Official, you agree to comply with your responsibilities as outlined in the University at Buffalo State Procurement Card Guidelines. You understand these guidelines and will comply with the terms and conditions and subsequent revisions. You understand that the university is liable to Citibank 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. The University at Buffalo or Citibank may terminate use of the card at any time for any reason.

As an Approving Official for the University at Buffalo 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, on or about the 14<sup>th</sup> of each month, ensure original documentation is matched to cardholder statements, take appropriate action should violations occur, and sign all monthly cardholder statements.**

You understand that the card is the property of the university, assigned to cardholders in your department and that, in the event of willful 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 PCard Program Administrator of any transfer or terminations of this cardholder, and/or transfer, termination, of your designation as the Approving Official.

**Department Head or Supervisor must sign below and choose option 1 or option 2.**

#### Option 1

As the Department Head or Supervisor, I authorize the above cardholder. I also understand and accept the above Approving Official's responsibilities.

**Department Head or Supervisor Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Department:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

#### Option 2

As the Department Head or Supervisor, I authorize the above cardholder, **but** I choose to reassign the Approving Official's responsibilities to:

**Approving Official's Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**Department Head or Supervisor Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_

**As the assigned Approving Official, I understand and accept the above Approving Official's responsibilities for the above listed cardholder:**

**Approver Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**Department Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_

Submit page 1 and 2 together. Incomplete or illegible applications will be returned.