

PURCHASING CARD APPLICATION

Please print clearly and fill out this form completely.

Incomplete or illegible applications will not be processed.

Submit completed application to: NYITProcurement@nyit.edu

DEPARTMENT: _____		ACTIVITY CODE(S) (required)		DEFAULT ACTIVITY CODE (required)
CARDHOLDER INFORMATION and SIGNATURE				
_____ last	_____ first	_____ middle	Employee ID# _____	_____ Last 4 digits of SSN
TITLE: _____			EMAIL ADDRESS: _____@nyit.edu	
OFFICE ADDRESS: _____		OFFICE PH# _____	MOBILE PH# _____	
Check one: <input type="checkbox"/> <input type="checkbox"/>	I will reconcile my own transactions. The following individual is authorized to reconcile my transactions*: _____ (*Reconcilers will need to complete a separate application)			
Applicant Signature			Date Signed	
APPROVER INFORMATION and SIGNATURES				
Authorized Approver (print first & last name)			Email Address:	
Signature			Date Signed:	
President/Vice President/Provost (print first & last name)			Email Address:	
Signature			Date Signed:	
Will you be purchasing chemicals with this card? If yes, you must obtain a signature from the Environmental Health & Safety officer. Yes <input type="checkbox"/> No <input type="checkbox"/>			Environmental Health & Safety Signature:	
BELOW FOR PURCHASING USE ONLY				
INFO TO UMB		PLASTIC FROM UMB		TRAINING COMPLETED
EMPLOYEE DISCLOSURE		CARDHOLDER AGREEMENT		INFO EMAILED

CARDHOLDER APPLICATION INSTRUCTIONS

- A. Budget code* assignment is a part of the monthly reconciliation process for all cardholder transactions in UMB. The activity code entered here on the application will be defaulted in UMB for ease of reconciliation. ***Only one account will be defaulted to your account. Please list the code in the default Activity field.**
- B. The Employee ID # can be found in Oracle self-service under employee profiles. This information is used by UMB to assign unique identifier to each cardholder.
- C. UMB VISA will require you to enter the four (4) digits of your SSN for activation and validation.
- D. UMB utilizes this information to contact you, if necessary, outside normal New York Tech business hours, to confirm specific charges.
- E. Cardholders may designate other individuals to conduct monthly reconciliation on their behalf. A designee may not review or approve his/her own transactions. If you have designated someone to complete reconciliation, you must inform the Purchasing Card Administrator and the PCard Auditor.
- F. Approvals of the cardholder's direct supervisor **and** Provost or Vice President are required for all applications, regardless of spending limits. **NOTE: The authorized approver is the cardholder's direct supervisor; multiple approvers may be established as per departmental requirements.**
- G. Unless the cardholder is the Provost or Vice President, the President's signature is not required for all other applications; regardless of spending limits.

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DEPARTMENT: _____		<div style="text-align: center;"> A ACTIVITY CODE(S) (required) </div>		<div style="text-align: center;"> A DEFAULT ACTIVITY CODE (required) </div>	
CARDHOLDER INFORMATION and SIGNATURE					
last	first	middle	<div style="text-align: center;"> B Employee ID# </div>	<div style="text-align: center;"> C Last 4 digits of SSN </div>	
TITLE:			EMAIL ADDRESS: _____@nyit.edu		
OFFICE ADDRESS:		OFFICE PH#		<div style="text-align: center;"> D MOBILE PH# </div>	
Check one: <div style="display: flex; align-items: center; margin-top: 10px;"> <div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin-right: 10px;"> E </div> <div> <input type="checkbox"/> I will reconcile my own transactions. <input type="checkbox"/> The following individual is authorized to reconcile my transactions*: (*Reconcilers will need to complete a separate application) </div> </div>					
<div style="text-align: center;"> F _____ Applicant Signature </div>			<div style="text-align: center;"> _____ Date Signed </div>		
APPROVER INFORMATION and SIGNATURES					
<div style="text-align: center;"> G Authorized Approver (print first & last name) </div>			Email Address:		
Signature			Date Signed:		
President/Vice President/Provost (print first & last name)			Email Address:		
Signature			Date Signed:		
Will you be purchasing chemicals with this card? If yes, you must obtain a signature from the Environmental Health & Safety officer. <div style="display: flex; justify-content: flex-end; margin-top: 10px;"> Yes <input type="checkbox"/> No <input type="checkbox"/> </div>			Environmental Health & Safety Signature:		
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NEW YORK TECH PURCHASING CARD

SPENDING LIMITATIONS REQUEST

This form must be submitted with the PCard Application.

UMB & Visa team up to provide fraud protection on New York Tech's Purchasing Cards. The higher the dollar amount, the higher chance of fraud. The Purchasing Card Administrator must be informed of all travel, especially international travel. Failure to inform the Administrator may result in transactions declining due to suspected fraud. **You must submit this form with page 1 of your application.**

Cardholder Name: _____

The Purchasing card can be used for office supplies, travel, small dollar purchases, etc. Please check all that apply so the Purchasing Card Administrator can correctly select a spending limit.

<input type="checkbox"/>	Office Supplies
<input type="checkbox"/>	Travel
<input type="checkbox"/>	Small Dollar Purchases (<\$1,000)
<input type="checkbox"/>	Other (Please Specify)

The Purchasing Card Administrator will review the request and select the limit that best fits the cardholder's needs.

FOR DECLINING BALANCE CARD ONLY

Credit Limit: _____

Expiration Date: _____

☐ Please check box if Grant Account. If yes, Account #: _____

☐ Please check box if Travel Related. If yes, Account #: _____

Cardholder and Approver must sign below prior to submitting to Purchasing.

Cardholder Signature: _____

Approver Signature: _____

The cardholder's PCard approver may request a temporary and/or permanent increase of the monthly credit limit for the cardholder. Temporary requests are for a maximum of ninety (90) days.

FOR PURCHASING USE ONLY	
PURCHASING CARD SPENDING LIMITATIONS	
Single Transaction Limit	Monthly Credit Limit
NAME	DATE
APPROVED BY	SIGNATURE