

PART II

✓ As _____ supervisor I acknowledge that I am responsible to ensure
(enter employees name)

that the employee abides by the above conditions. I am responsible for taking appropriate action in situations involving misuse of the Procurement Card. I am responsible for canceling the Procurement Card if the Cardholder is terminated for any reason or if any misuse or fraud is identified. I am responsible for making certain that any reports I receive are checked for accuracy. I am also responsible for certifying the Monthly Cardmember Report.

✓ Supervisor's Name: _____ Date: _____

✓ Supervisor's Signature: _____ Date: _____

✓ Default SUNY Account: _____ Default POETS: See Below

Chief Fiscal Officer (or equivalent staff person) Signature: _____ Date: _____

Procurement Card Limits:

Per Transaction Limit \$ 2,500 not to exceed \$2,500) Monthly Limits \$ _____
(You must complete this space) (Optional)

✓ Project: _____

✓ Organization: _____

Procurement Card Administrator's Signature: _____

Expenditure Type: CHG Procurement card

PROCUREMENT CARD STATUS:

[] APPROVED

[] DISAPPROVED

✓ Task: _____

✓ Source of Funds: _____

REASON FOR DISAPPROVAL: _____