



Procurement Card
AUTHORIZATION FORM
SUNY College at Geneseo

I hereby authorize the following employee in my department to obtain and use a Procurement Card for State funded purchases not to exceed \$2,500. I acknowledge that this person will follow all of the rules and regulations on this system and will complete the Purchasing Training Session.

Employee Name: _____ **Signature:** _____

Title: _____

Department: _____ **Address:** _____
(Building and Room)

E-mail: _____ **Phone:** _____

Default Account Number: _____
(One account number per card.)

As the Department Head* on this account, I will certify my review and approval of the procurement card transactions on this account.

Approved by: _____ **Signature:** _____
(Department Head) (Department Head)

Title: _____ **Date:** _____

***If the cardholder is a Department Head, the Department Head must designate a person to perform a secondary review and signature of their monthly reconciliation.**

Secondary Review Designee: _____ **Signature:** _____

Title: _____ **Date:** _____

Secondary Review Designee: _____ **Signature:** _____
(Backup)

Title: _____ **Date:** _____

Return completed form to Procurement Card Administrator