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
- Airline/Amtrak expenses purchased using the ITA must be referenced when submitting your Travel Reimbursement Voucher associated with the trip
- 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: |
|--|
| 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 AES 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 recharged: |
| Signature of Account Manager if different than Supervisor: |
| Dean/VP Approval |
| Travel Limits: Per Transaction Limit \$ 2,500.00 Monthly Limit \$ 10,000 |

Return completed application with all required signatures to Porshia Russell, Procurement Zip - 6000

ITA Program Administrator Signature: