

Credit Card Transaction Approver Form

Please type. Complete all areas and return with required signatures and email to rmpyland@syr.edu

Name : *(Use Legal Name)*

First: _____ Middle Initial: _____ Last: _____

SUID Number: _____ NET ID: _____

Home Address: _____ City: _____ Zip Code: _____

Date of Birth: _____ Country of Citizenship: _____

Campus Mailing Information:

Department Name: _____

Position: _____

Address: _____

Campus Phone: _____ Email Address: _____

Cardholders with whom you will be responsible for approving:

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

*I agree to expense these cards following the University Credit Card Policy.
purchasing.syr.edu I further understand that my access may be revoked at any time.*

Approver Signature: _____ Date: _____

*I hereby authorize the employee named above to receive access to the JPMC Payment Net site in order to approve cardholders accounts. Payment Net is to be used only for official University business.
I verify this prospective transaction approver is a permanent employee.*

Supervisor Signature: _____ Date: _____

Printed: _____ Title: _____