

Montana State University Purchasing Card

Individual Card Application

Please print clearly and completely.

Cardholder's Name (First, Middle Initial, Last)		E-mail Address	
Employee ID Number (0 + GID#)		Opt In (Receive E-Mail Notifications of Charges) <input type="checkbox"/> Cardholder <input type="checkbox"/> Account Manager <input type="checkbox"/> Business Manager	
Department PO Box (For Monthly Statement Delivery)		City, State, Zip Code+ 4 Digits	
Default Index Number	Phone number (Include Area Code) US Bank Use In case of Fraud	ORGN # of Reporting Department	
Authorizations			
Department Name: _____		_____	
Department Account Manager: _____		Signature	Date
Depart Back-up Account Manager: _____		_____	_____
Department Head: _____		Signature	Date
_____		Signature	Date
AGREEMENT			
<p>I acknowledge that I have read and understand the Purchasing Card Manual and will follow all requirements. Non-adherence to any of the procedures outlined in the manual will result in revocation of the individual cardholder privileges and may result in revocation of all departmental credit cards. I understand that my use of the University's credit card for personal purposes or by loaning my University credit card to an unauthorized individual will result in discipline, up to and including dismissal from employment. I hereby authorize the University to hold my final paycheck until I have returned the credit card to my supervisor. I also authorize the University to withhold from my paycheck any amounts charged to me for any personal or non-reimbursable use.</p>			
Credit Card Applicant's Signature _____		Date _____	
Monthly Spending Limits			
\$ _____ (5,000 Recommended) If requesting a monthly limit > \$5,000 please describe how it meets your business needs. (Attach Documentation)	Single Per Purchase Limit \$ _____ (3,000 Recommended)	Card Use <input type="checkbox"/> University Expenses <input type="checkbox"/> University Travel Expenses Only (airplane, hotel, car rental, gas, shuttle) <input type="checkbox"/> Rental Car/Gas Only	
Plastic Layout			
Campus Location: MSU Bozeman MSU Billings Great Falls College MSU MSU Northern			
MSU P-Card Program Administrator			
UBS Office Phone: (406) 994-5727 Fax: (406) 994-1954	UBS Program Administrator Andrea Gullickson	Entered in US Bank Date _____	
UBS Program Administrator's Signature _____		Date _____	