Montana State University Purchasing Card

Individual Card Application

Please print clearly and completely. **Questions? (406) 994-5727**

Cardholder's Full Legal Name (Full legal name is required by US Bank and Office of Foreign Asset Control)

First:	Middle:	Last (+suffix, if applicable):

Employee ID Number (GID#)	Opt In (Receive E-Mail Notifications of Charges)
–	☐ Cardholder ☐ Account Manager ☐ Business Manager
Department PO Box (For Monthly Statement Delivery)	**City, State, Zip Code+ 4 Digits**

Default Index Number	ORGN #	ORGN Name

Phone number (Include Area Code) US Bank Use In case of Fraud	E-mail Address

Authorizations

Signatures

P-Card Account Manager: _____ (Print) _____ (Signature) _____ (Date)

Back-up Account Manager: _____ (Print) _____ (Signature) _____ (Date)

Department Head Name: _____ (Print) _____ (Signature) _____ (Date)

AGREEMENT

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 purchasing card program may 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, unauthorized purchases 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 for any personal or unauthorized use.

Credit Card Applicant's Signature_____**Date**_____

Monthly Spending Limits	Single Per Purchase Limit	Card Use
$_____ (5,000 Recommended) If requesting a monthly limit > $5,000 please describe the business purpose for the higher limit. (Attach Documentation)	$_____ (3,000 Recommended)	☐ University Expenses ☐ University Travel Expenses Only (airplane, hotel, car rental, gas, shuttle) ☐ Rental Car/Gas Only

Plastic Layout

Campus Location: ☐ MSU Bozeman ☐ MSU Billings ☐ Great Falls College MSU ☐ MSU Northern

MSU P-Card Program Administrator

Return Completed Form To:	Dated ordered in US Bank:	Date training completed by applicant:
UBS - Pcard Application **PO Box 172480 Bozeman, MT 59717**		

UBS Program Administrator's Signature _____ Date Sent to Applicant _____

Revised 12/18