

Montana State University Purchasing Card

Individual Card Application & Maintenance Form

Please print clearly and completely. Incomplete applications cannot be processed.

APPLICANT/CARDHOLDER

Cardholder's Name (Last, First, Middle Initial,)	E-Mail Address
Employee ID Number (GID) 0- _____	Opt In (To Receive E-Mail Notification of charges) <input type="checkbox"/> Cardholder <input type="checkbox"/> Account Manager <input type="checkbox"/> Business Manager
Campus Address P O Box (For Statement Delivery)	City, State, Zip Code

Default Account Number (Index)	Campus Phone (Area Code, Phone Number) *Required	Responsible Organization Number
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Banner Department Name:	
Departmental Account Manager:	<div style="border-bottom: 1px solid black; display: flex; justify-content: space-between;"> Signature Date Signed </div>
Back-up Departmental Account Manager:	<div style="border-bottom: 1px solid black; display: flex; justify-content: space-between;"> Signature Date Signed </div>
Department Head Name:	<div style="border-bottom: 1px solid black; display: flex; justify-content: space-between;"> Department Head's Signature Date Signed </div>

Cycle Spending Limits \$ _____ (\$25,000 Recommended)	Single Purchase Limit \$ _____ (\$3,000 Recommended)	MCC Table <input type="checkbox"/> Company Default MCC Table <input type="checkbox"/> Travel Package Only Mode of travel, hotel, car rental
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Plastic Layout
 Please Print Campus Location: MSU-Billings
 (This will print on card under cardholder's name)

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 manual will result in revocation of 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.

Applicant's Signature _____ **Date** _____

UBS Office Only

Name: Jeana Henley	Office Phone Number and Fax Number: PH: (406) 994-5727 FX: (406) 994-1954	US BANK Date:
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Program Administrator's Signature _____ **Date** _____