















Purchasing Card Application

Recipients

1	 P-Card Manager:	 Needs to Sign
2	 Applicant:	 Needs to Sign
3	 Back-Up Account Manager:	 Needs to Sign
4	 Department Head:	 Needs to Sign
5	 MSUB Purchasing: Jill Brown jill.brown5@msubillings.edu	 Needs to Sign
6	 Business Services Director: Barb Shafer bshafer@msubillings.edu	 Needs to Sign
7	 MSU P-Card Program Administrator: Andrea Gullickson andrea@montana.edu	CC Receives a Copy
8	 Jill Brown: Jill Brown jill.brown5@msubillings.edu	CC Receives a Copy

Montana State University Billings Purchasing Card

Individual Card Application

Please print clearly and completely.

Questions? (406) 657-2151

Cardholder's Full Legal Name (Full legal name is <u>required</u> by US Bank and Office of Foreign Asset Control)		
First: Text	Middle: Text	Last (+suffix, if applicable): Text
Employee ID Number (GID#) - x x x x T T T T		Opt In (Receive E-Mail Notifications of Charges) <input checked="" type="checkbox"/> Cardholder <input checked="" type="checkbox"/> Account Manager <input type="checkbox"/> Business Manager
Department PO Box (For Monthly Statement Delivery) Department 1500 University Dr.		City, State, Zip Code+ 4 Digits Billings, MT 59101
Default Index Number Text	ORGN # Text	ORGN Name Text
Phone number (Include Area Code) US Bank Use In case of Fraud Text		E-mail Address Email
Authorizations		
P-Card Account Manager: Full Name Print		Signatures ↓ Date Signed Date
Back-up Account Manager: Full Name Print		Signatures ↓ Date Signed Date
Department Head Name: Full Name Print		Signatures ↓ Date Signed 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 disciplinary action as described in the Misuse of the Purchasing Card policy, up to and including legal action and termination of employment. I further understand that I may not use the University's purchasing card for personal purchases, nor may I loan my University credit card to an unauthorized individual. 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 purchases or non-reimbursable expenses.		
Credit Card Applicant's Signature Sign ↓		Date Date Signed
Monthly Spending Limits \$ Text (5,000 Recommended) If requesting a monthly limit > \$5,000 please describe the business purpose for the higher limit. (Attach Documentation) Text	Single Per Purchase Limit \$ Text (3,000 Recommended) Initial ↓	Card Use <input type="radio"/> University Expenses <input type="radio"/> University Travel Expenses Only (airplane, hotel, car rental, gas, shuttle) <input type="radio"/> Rental Car/Gas Only
Plastic Layout Campus Location: <input type="checkbox"/> MSU Bozeman <input checked="" type="checkbox"/> MSU Billings <input type="checkbox"/> Great Falls College MSU <input type="checkbox"/> MSU Northern		
MSU P-Card Program Administrator		
Date ordered in US Bank:	Date training completed by applicant:	

- ✓ ☒ P-Card Manager
- ☐ Applicant
- ☐ Back-Up Account Manager
- ☐ Department Head
- ☐ Jill Brown
- ☐ Barb Shafer

Print Requisition

Recipients

- 1

Initiator:

Needs to Sign
- 2

Fund Controller:

Needs to Sign
- 3

Copy Center JB: Jill Brown

jill.brown5@msubillings.edu

CC

Receives a Copy
- 4

Copy Center JR: JoAnn Rhodes

joann.rhodes@msubillings.edu

CC

Receives a Copy

Montana State University-Billings
Printing Services Requisition

COMPLETE YELLOW AREAS AS APPROPRIATE
Then print, sign and deliver to Printing Services

Order #

Date Received

Charge to

Text

Text

Department Name

Department Index

Requested By

Full Name

Text

Phone #

Text

Delivery Date Requested

Text

Copies

Text

Subject Matter

Text

Back-to-Back

☐

Head-to-Foot

☐

Collate

☐

Staple

☐

Cut

☐

Pad

☐

Punch

☐

Bind

☐

Letter Fold

☐

Z Fold

☐

1/2 Fold

☐

Other Fold

☐

Paper Color

Text

Weight

Text

Size

Text

Ink Color

Select

(circle one)

Special Instructions

Text

Okay to Print

Sign

Signature

Date Signed

Delivered

Text

Text

Funding

Room #

Date Signed

Date

Fund Controller

FOR OFFICE USE ONLY - DO NOT PRINT IN THIS AREA

Pages	Copies per pg	Total Billing	Function	Unit	Unit Price	Total
			Printing black print	8.5X11/8.5X14	0.05	
			Printing black print	11X17/12X18	0.10	
			Color copies	8.5X11/8.5X14	0.25	
			Color with Specialty/Own Paper		0.10	
			Color copies	11X17/12X18	0.50	
			Color with Specialty/Own Paper		0.20	
			Special Stock	Each		
			Envelope Printing	Each		
			Envelope Stock			
			Binding	Each Book	.35/.70	
			LABOR: Collating, Handfolding, Stapling, Stitching, Folding, 3-hole Punching, Padding, Numbering, Special Setup,Layout		\$20.00/hour; \$5.00/min	

- Initiator
- Fund Controller

Hospitality Approval Form

Recipients

SIGNING ORDER

- 1

Requestor:

Needs to Sign
- 2

Private Message:

This form will be routed for the appropriate signatures. If approved a completed form will be returned to you as the requestor. If denied the form will be returned to you as Declined.
- 3

Dean/Director Recommendation:

Needs to Sign
- 4

Private Message:

By signing this hospitality form you are recommending the form be approved. To return to the sender as declined please click the actions button on the top right of the screen and choose VOID. The form will then be sent back to the requester as voided.
- 5

Additional Fund Controller (if needed):

Needs to Sign
- 6

Vice Chancellor of Administration & Finance Approval: Barb Shafer

bshafer@msubillings.edu

Needs to Sign
- 7

Private Message:

If approving this form click Approve and sign the document. If denying this form click decline. An email will generate to the requestor with either option.
- 8

Business Services: Business Services

accountspayable@msubillings.edu

CC Receives a Copy
- 9

Requestor:

Receives a Copy
- 10

Private Message:

Please re-enter your information at the requestor to receive the approved/declined copy.



HOSPITALITY APPROVAL FORM

PERMISSION IS REQUESTED BY TO USE

CONTACT: EMAIL: PHONE:

FOR : DATE: INDEX:

FUNCTION DESCRIPTION (Relation to the expense code chosen below & benefit to Students):

Comments :

NUMBER OF PERSONS FROM: (Names of attendees may be requested after the event)
(Official Guests) (MSUB Students) (MSUB Employees)

THIS EVENT WILL BE: INVOICED TO MSUB ☐ OR PAID BY PURCHASING CARD ☐ ESTIMATED AMOUNT

DEPARTMENT REQUESTOR

Sign

DATE

DEAN/DIRECTOR RECOMMENDATION

Sign

DATE

VICE CHANCELLOR OF AMINISTRATION & FINANCE APPROVAL

Sign

DATE

CHANCELLOR APPROVAL

Sign

DATE

Decline

Approve

DATE

*****THE HOSPITALITY APPROVAL FORM MUST BE APPROVED PRIOR TO THE DATE OF THE EVENT or REIMBURSEMENT

✓ ☒ Requestor

























☐ Dean/Director Recommendation

☐ Additional Fund Controller (if needed)

☐ Barb Shafer

Travel Authorization (if you are starting the form for the traveler)

Recipients

1	 Initiator:	 Needs to Sign
	 Private Message: Please complete the Travel Authorization, a final approved/declined form will be automatically returned to you.	
2	 Traveler:	 Needs to Sign
	 Private Message: Please complete the Travel Authorization, a final approved/declined form will be automatically returned to you.	
3	 Supervisor/Advisor:	 Needs to Sign
	 Private Message: By signing this form you are approving travel.	
4	 Other Approval:	 Needs to Sign
	 Private Message: By signing this form you are approving travel.	
5	 Final Approval:	 Needs to Sign
	 Private Message: By signing this form you are approving travel.	
6	 Business Office: Jill Brown jill.brown5@msubillings.edu	 Allow to Edit
	 Private Message: Review the TA and click Approved if the form is complete, if not edit and add signatures as needed. Final copies will be copied to the Traveler and the Accounts Payable.	
7	 Accounts Payable: Travel Clerk Accountspayable@msubillings.edu	 Receives a Copy
8	 Traveler:	 Receives a Copy
9	 Initiator:	 Receives a Copy

Text

Montana State University – All Campuses and Agencies

Travel Authorization and/or Travel Advance Request

Faculty Compliance
Requirements

Fac/Staff ☐
Student ☐

Traveler's Name Campus/Agency MSUB GID#
Address (if Not Dept)
Department Contact Name/No
Banner Index/Acct -OR- ☐ Paid by (See Footnote*)

Destination and
Purpose of Travel

Depart Date/Time Travel is for a business purpose and is within my budget. If a
Return Date/Time grant/research project, travel is in accordance with the terms and
Leave is approved; classes are covered. ☐ Yes ☐ No conditions of the award.
I am combining this trip with a personal trip. ☐ Yes ☐ No ☐ Yes ☐ No

Mode of Travel: ☐ Airline ☐ Private Car ☐ State Car ☐ Rental Car ☐ Other

Foreign
Travel
Only

1. Subject to Fly America Restriction? Yes ☐ No ☐
[Fly America Restrictions Page](#)

2. Leading Students on a Trip? Yes ☐ No ☐
[Leading Students Abroad Form](#)

3. Registered with Office of International Programs? Yes ☐ No ☐
[Leading Students Abroad Form](#)

TOTAL ESTIMATED EXPENSES

Transportation: \$
Meals:
Lodging:
Registration:
Other:
Total: \$

TRAVEL ADVANCE REQUEST (optional) ALLOWABLE ONLY FOR ITEMS NOT ON P-CARD

Transportation: \$
Meals:
Lodging:
Miscellaneous:
Total: \$
Minimum advance is \$50.00

By my signature I, the traveler/advisor, understand this is an advance and shall be used only for travel purposes. A Travel Expense Voucher will be filed within ten (10) days after returning and will follow all rules and regulations set forth by the State of Montana. Failure to file a Travel Expense Voucher with all supporting documentation will cause a financial obligation to me. Reimbursements may be refused after 90 days.

Signatures and Approval

Employee Sign Date:
Supervisor/Advisor Sign Date:
Other Approver(s) Sign Date:
If you are the final approver, please sign below to authorize travel and/or release payment:
Final Approval Sign Date:

* If you receive or apply for any US Public Health Service Funding (Including NIH), ALL travel sponsored or paid by a third party must be reported. See [Travel Disclosure Form](#)

Request for Actual Cost Lodging (if above state rate)

In-State (check one)

- ☐ The city is listed on the high cost listing provided by the Department of Transportation
- ☐ Lodging costs have temporarily escalated due to special function (list function)
- ☐ Emergency travel arrangement precluded being able to find accommodations at state rate (list emergency)
- ☐ Remote Locations with limited accommodation within a 15-mile radius preclude obtaining accommodations at state rate

Out-of-State (all must apply)


















- ☐ Government rates were requested and were not available at the hotel where the employee is staying
- ☐ Government rates are not available at another hotel within a reasonable distance from the convention hotel
- ☐ Reimbursement at actual cost is within the appropriation level authorized by the agency

-OR- (either in or out of state)

- ✓ ☐ Initiator
- ☐ Traveler
- ☐ Supervisor/Advisor
- ☐ Other Approval
- ☐ Final Approval

Travel Authorization (if the Traveler is starting the form)

Recipients

1	<div><div></div><div>Traveler:</div></div> <div><div></div><div>Private Message: Please complete the Travel Authorization as the traveler, a final approved/declined form will be automatically returned to you. Include all required signers, additional signers not required may be</div></div>	<div> Needs to Sign</div>
2	<div><div></div><div>Supervisor/Advisor:</div></div> <div><div></div><div>Private Message: By signing this form you are approving travel.</div></div>	<div> Needs to Sign</div>
3	<div><div></div><div>Other Approval:</div></div> <div><div></div><div>Private Message: By signing this form you are approving travel.</div></div>	<div> Needs to Sign</div>
4	<div><div></div><div>Final Approval:</div></div> <div><div></div><div>Private Message: By signing this form you are approving travel.</div></div>	<div> Needs to Sign</div>
5	<div><div></div><div>Business Office: Jill Brown jill.brown5@msubillings.edu</div></div> <div><div></div><div>Private Message: Review the TA and click Edit the form as needed. Once finalized click approve. Completed copies will be routed to the signer, approver(s) and Accounts Payable.</div></div>	<div> Allow to Edit</div>
6	<div><div></div><div>Accounts Payable: Travel Clerk Accountspayable@msubillings.edu</div></div>	<div>CC Receives a Copy</div>
7	<div><div></div><div>Traveler:</div></div>	<div>CC Receives a Copy</div>

Montana State University - All Campuses and Agencies

Travel Authorization and/or Travel Advance Request

Clery Compliance
Requirements

Fac/Staff ☐
Student ☐

Traveler's Name Campus/Agency GID#

Address (if Not Dept)

Department Contact Name/No

Banner Index/Acct -OR- ☐ Paid by (See Footnote*)

Destination and Purpose of Travel

Depart Date/Time Return Date/Time

Travel is for a business purpose and is within my budget. If for a grant/research project, travel is in accordance with the terms and conditions of the award.

Leave is approved; classes are covered. ☐ Yes ☐ No I am combining this trip with a personal trip. ☐ Yes ☐ No

Mode of Travel: ☐ Airline ☐ Private Car ☐ State Car ☐ Rental Car ☐ Other

Foreign Travel Only

1. Subject to Fly America Restriction? [Fly America Restrictions Page](#) Yes ☐ No ☐

2. Leading Students on a Trip? [Leading Students Abroad Form](#) Yes ☐ No ☐

3. Registered with Office of International Programs? [Leading Students Abroad Form](#) Yes ☐ No ☐

TOTAL ESTIMATED EXPENSES

Transportation: \$

Meals:

Lodging:

Registration:

Other:

Total: \$

TRAVEL ADVANCE REQUEST (optional)

ALLOWABLE ONLY FOR ITEMS NOT ON P-CARD

Transportation: \$

Meals:

Lodging:

Miscellaneous:

Total: \$

Minimum advance is \$50.00

By my signature I, the traveler/advisor, understand this is an advance and shall be used only for travel purposes. A Travel Expense Voucher will be filed within ten (10) days after returning and will follow all rules and regulations set forth by the State of Montana. Failure to file a Travel Expense Voucher with all supporting documentation will cause a financial obligation to me. Reimbursements may be refused after 90 days.

Signatures and Approval

Employee Sign Date:

Supervisor/Advisor Sign Date:

Other Approver(s) Sign Date:

If you are the final approver, please sign below to authorize travel and/or release payment:

Final Approval Sign Date:

* If you receive or apply for any US Public Health Service Funding (Including NIH), ALL travel sponsored or paid for by a third party must be reported. See [Travel Disclosure Form](#)

Request for Actual Cost Lodging (if above state rate)

In-State (check one)

- ☐ The city is listed on the high cost listing provided by the Department of Transportation
- ☐ Lodging costs have temporarily escalated due to special function (list function)
- ☐ Emergency travel arrangement precluded being able to find accommodations at state rate (list emergency)
- ☐ Remote Locations with limited accommodation within a 15-mile radius preclude obtaining accommodations at state rate
























Out-of-State (all must apply)

- ☐ Government rates were requested and were not available at the hotel where the employee is staying
- ☐ Government rates are not available at another hotel within a reasonable distance from the convention hotel
- ☐ Reimbursement at actual cost is within the appropriation level authorized by the agency

- ☒ Traveler
- ☐ Supervisor/Advisor
- ☐ Other Approval
- ☐ Final Approval

Student/Group Travel Authorization

Recipients

1	 Initiator:	 Needs to Sign
2	 Department Chair/Advisor:	 Needs to Sign
	 Private Message: Sign to approve the travel & expenses. Completed copies will be automatically issued to the Initiator of the form.	
3	 Center for Engagement Office: Center for Engagement Office engagement@msubillings.edu	 Needs to Sign
	 Private Message: Sign to approve the travel & expenses. Completed copies will be automatically issued to the Initiator of the form.	
4	 Vice Chancellor for Student Access and Success: Kim Hayworth kimberly.hayworth@msubillings.edu	 Needs to Sign
	 Private Message: Sign to approve the travel & expenses. Completed copies will be automatically issued to the Initiator of the form.	
5	 Fund Controller 1:	 Needs to Sign
	 Private Message: Sign to approve the travel & expenses. Completed copies will be automatically issued to the Initiator of the form.	
6	 Fund Controller 2:	 Needs to Sign
	 Private Message: Sign to approve the travel & expenses. Completed copies will be automatically issued to the Initiator of the form.	
7	 Business Services: Jill Brown jill.brown5@msubillings.edu	 Allow to Edit
	 Private Message: Check for completed. Edit if needed or approve for the completed copies to be sent to the Initiator and the Accounts Payable.	
8	 Travel Clerk: Travel Clerk Accountspayable@msubillings.edu	CC Receives a Copy
9	 Initiator:	CC Receives a Copy
10	 Clery Compliance: Clery Compliance Officer clery.act@msubillings.edu	CC Receives a Copy



STUDENT TRAVEL AUTHORIZATION

Montana Travel ☐
Out of State Travel ☐

APPROVAL – SIGNATURES

1. Department Chairperson and/or Advisor  
2. Center for Engagement Office  
3. Vice Chancellor for Student Access and Success  



(The Individuals listed below must be enrolled as students at MSUB)
ALPHABETICAL LIST OF STUDENTS (FULL NAME) AND STUDENT ID#
ALL INFORMATION MUST BE TYPED (OR ATTACH THE FULL LIST)

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

DEPARTMENT / ORGANIZATION NAME

DESTINATION

PURPOSE OF TRIP

NAME OF FACULTY/STAFF/STUDENT RESPONSIBLE FOR TRIP ID#

RESPONSIBLE PARTY EMAIL Phone #

NAME OF FACULTY/STAFF ACCOMPANYING TRIP ID#

DEPARTURE DATE/TIME

RETURN DATE/TIME

TRANSPORTATION

THE TRIP IS (CHECK ALL THAT APPLY)


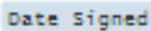
- ☐ ONE TIME TRIP
☐ REPEATED EACH SEMESTER
☐ REPEATED ANNUALLY
☐ MULTIPLE DAYS STAY AT THE SAME LOCATION

IF "REPEATED", OUR GROUP

LODGING (NAME, ADDRESS, TEL, & # OF ROOMS)

RESPONSIBLE DEPARTMENT INDEX

FUND CONTROLLER  

FUND CONTROLLER  

	ESTIMATED COST	ADVANCE REQUESTED
Transportation	<input type="text"/>	<input type="text"/>
Lodging	<input type="text"/>	<input type="text"/>
Other Expenses	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>






















ONCE TRAVEL IS COMPLETE, YOU ARE REQUIRED TO COMPLE

FORM [CLICK HERE](#)

- ☒ Initiator
- ☐ Department Chair/Advisor
- ☐ Center for Engagement Office
- ☐ Kim Hayworth
- ☐ Fund Controller 1
- ☐ Fund Controller 2

Banner Payment Authorization

Recipients

	 Initiator:	 Needs to Sign
1	<div> Private Message: Please complete the form with all valid information to make a payment to the vendor. Fill in the Fund Controller information as required, if only one Fund Controller is required you may leave</div>	
	 Fund Controller 1:	 Needs to Sign
2	<div> Private Message: By Signing this BPA your are approving the payment to the vendor.</div>	
	 Fund Controller 2:	 Needs to Sign
3	<div> Private Message: By Signing this BPA your are approving the payment to the vendor.</div>	
	 Additional Signer 1:	 Needs to Sign
4	<div> Private Message: By Signing this BPA your are approving the payment to the vendor.</div>	
	 Additional Signer 2:	 Needs to Sign
5	<div> Private Message: By Signing this BPA your are approving the payment to the vendor.</div>	
	 Additional Signer 3:	 Needs to Sign
6	<div> Private Message: By Signing this BPA your are approving the payment to the vendor.</div>	
	 Initiator:	 Receives a Copy
9	<div> Private Message: This is your copy of the approved completed BPA, a copy was also sent to the Business Office to finalize a payment to the vendor.</div>	

Banner Payment Authorization

DOC# _____

Vendor Name & Address

Text



Invoice Date: Text



Contact: Full Name



Vendor Fed Tax Id/SSN

Text

	PO/ENC	PIF	Index	Fund	ORGN	Account	PROG	Activity	Amount	Location
Text	Text		Text			Text			Text	
Text	Text		Text			Text			Text	
Text	Text		Text			Text			Text	
Text	Text		Text			Text			Text	
Text	Text		Text			Text			Text	
Text	Text		Text			Text			Text	
Text	Text		Text			Text			Text	
Text	Text		Text			Text			Text	

Date Stamps

Total \$ fx -

Remit Info (Limit 15 Characters)

Invoice #: Text

Sign



Date Signed

Authorized Signature(s)

Date

Sign



Date Signed

Authorized Signature(s)

Date

Sign



Date Signed

Sign



Date Signed

Sign



Date Signed

Ref/Additional Information

Text

✓ Initiator

Fund Controller 1

Fund Controller 2

Additional Signer 1

Additional Signer 2

Additional Signer 3