Updated: May 2025

STATE OF MONTANA – PROCUREMENT CARD APPLICATION/AGREEMENT

Applicant Information

Name as it will appear on the physical card

First Name _____ Middle Initial _____ Last Name _____

Legal Name - Required by Bank

First Name _____ Middle Initial _____ Last Name _____

Agency Name _____ Employee ID # *Found on State ID _____

Address (PO BOX preferred) _____

City _____ State _____ Zip Code _____

Business Phone _____ Email Address (Work) _____

Employee Agreement

You are responsible for safeguarding the State of Montana's assets. Your signature below is verification that you have read the entire State Procurement Policy and agree to comply with it. In addition, you agree to participate in any mandatory training at any time while you are a cardholder. The card may be revoked at any time and misuse may result in disciplinary actions. If the card becomes lost or stolen, I will immediately notify US Bank by telephone.

Employee Signature* _____ Date _____

****Signatures cannot be typed and must be physically signed or signed with an Advanced Electronic Signature tool (DocuSign, Adobe Sign) that auto stamps the date and time***

Authorization for Employee to Obtain Procurement Card

Monthly Credit Limit _____ (If left blank, default is $5,000) Single Transaction Limit _____ (Optional)

Business Need Justification _____

Supervisor Signature _____ Date _____

Division Administrator Signature (If required by Agency)_____ Date _____

****Once the above section is complete turn into your accounting personnel****

Accounting Personnel – fill in the remainder of the form and send to your agency procurement card coordinator.

Proxies (person(s) responsible for inputting accounting codes in the SABHRS procard module)

Name _____ User ID# _____

_____ _____

_____ _____

Second Line Embossment – Optional – will appear underneath name on physical card

_____ (maximum 21 characters)

Default Accounting Codes

Business Unit _____ Account _____ Fund _____

Organization _____ Subclass _____

Non-Self Administering Agency Procurement Card Coordinator – please verify this form is complete, then submit to pcardsupport@mt.gov for processing.