MINNESOTA STATE COLLEGES AND UNIVERSITIES
BEMIDJI STATE UNIVERSITY / NORTHWEST TECHNICAL COLLEGE
PURCHASING CARD APPLICATION FORM

(REQUIRED FOR EACH CARDHOLDER. COMPLETE ALL SECTIONS AND RETURN TO PURCHASING OFFICE.)

APPLICANT INFORMATION:

Applicant Name: ________________________________
First                      Middle                 Last

Last four digits of
Social Security #: __________________________________
(required for card company)

Official Position/Title: __________________________________

Department: __________________________________

Campus & Box #: __________________________________

Campus Telephone: __________________________________

Campus E-Mail Address: __________________________________

Default Cost Center: __________________________________
This account # will be used for chargeback to your account when
no account # is provided on your monthly statement/transaction log
or when your statement is not turned in on time.

Please note: The above information will be provided to the bank issuing the purchasing card.

GENERAL CARD INFORMATION:

Be aware of your transaction limit. No pyramiding is allowed (pyramiding is multiple card transactions to cover
a purchase that exceeds the card limit). Read the card policies carefully.
Be aware of your monthly limit and remain within your department budget. Charges will be deducted from your account/s.
Bemidji State University and Northwest Technical College are exempt from MN sales tax (with the exception of lodging under
30 days, meals, waste collection, disposal services, and purchases or leases of motor vehicles, which are not allowable on this card).
Remind vendors that they should not charge tax when you use the purchasing card.

SIGNATURES:

I understand that I am required to comply with all the provisions of the Minnesota State Colleges and Universities Cardholder
Agreement and Minnesota State Colleges and Universities policy and procedure applicable to the use of the card.

Applicant’s Signature: ________________________________ Date: ____________

Supervisor’s Signature: ________________________________ Date: ____________

Approving Signature: ________________________________ Date: ____________

University Business Manager

BSU/NTC Purchasing Card Application
(adapted from MnSCU format)