

Fax: 401-874-4825
Email: PCARD@etal.uri.edu

Send to: Pcard@etal.uri.edu

Applicant/Cardholder Information:

First Name:	Middle Initial:	Last Name:
Email:	Business Phone #: ()	Employee ID#:
Department:	Date of Birth:	Country of Citizenship:
Mother's Maiden Name:		

Applicant's Complete Business Mailing Address:

Building & Room #:	Street Address:		
City:	State:	Country:	Zip Code:

Applicant's Home Address

Street Address:		
City:	State:	Zip:

The following signatures are required:

Applicant Signature	Date
Direct Supervisor (Print)	(Signature)
Dean, Director, or Dept. Head, as applicable (Print)	(Signature)

To be filled out by the Office of the Controller:

MCC Codes _____	Single Transaction Limit \$ _____	Monthly Credit Limit \$ _____
Office of the Controller (Signature)		Date