THE UNIVERSITY OF RHODE ISLAND

University of Rhode Island
Purchase Card Application
(*Cardholder & Department Administrator Agreements* must be submitted with Application)

Fax: 401.874.4825
Email: PCARD@etal.uri.edu

Mail: University of Rhode Island
210 Flagg Road, 1st Floor
Kingston, RI 02881-1966

Applicant/Cardholder Information:

First Name:	Middle Initial:	Last Name:
Email:	Business Phone #:	URI 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:	Zip:

Applicant's Home Address

Street Address:		
City:	State:	Zip:

Department Administrator/Approver Information:

First Name:	Middle Initial:	Last Name:
Email:	PeopleSoft User ID:	Employee ID#:

Default Chartfield String Required:

Account:	Fund:	Dept.:	Program:	Project:	Project End Date:

GRANTS: DESIGNATION OF ALTERNATE ACCOUNT (REQUIRED) this must be a funded account. Charges will only be made against an alternate account if a purchase card transaction cannot be documented as a reasonable and allowable charge against a budgeted grant category. NOTE: The alternate fund account **CANNOT** be another grant fund, i.e. Fund 500.

Grant Reserve ChartField:

Account:	Fund:	Dept.:	Program:	Project:

Required Signatures:

Applicant Signature   Date
Dept. Administrator (Approver) (Print)   (Signature)
Dean (Use Director/Dept. Head for depts w/no Dean) (Print)   (Signature)
Director, Office of Sponsored Projects   (Signature) **(Required for ALL Fund 500 PCARD Requests)**

For the Office of Strategic Procurement use only:

Default MCC Table _____ **Single Transaction Limit $**_____ **Monthly Credit Limit $**_____

Office of Strategic Procurement/PCard (Signature)   **Date**