

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

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

Cardholder Information:

First Name:	Middle Initial:	Last Name:
New Department Name:		Business Phone #:

Applicant's Complete New Business Mailing Address

Building & Room #:	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:
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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:
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Required Signatures:

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

To be completed by the Office of Strategic Procurement:

Default MCC Table:	Single Transaction Limit:	Monthly Credit Limit:
Office of Strategic Procurement/PCard (Signature)		Date