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

***This form and supporting documentation MUST be received no later than five (5) business days after statement becomes available***

Please complete this form in its entirety

Cardholder Name		Email:	
Last 4 Digits of Card Number		Statement End Date	
Department Name:			
Department Administrator Name			
Phone Number:		Email:	
Total Charges per Statement:			

***I certify that all charges associated with the purchase card statement are valid URI charges which adhere to all purchase card rules and regulations and that all required backup documentation is included in this package.***

Cardholder Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Dept. Administrator Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Any discrepancies with reconciliation, please explain below*

Amount	Explanation	Resolution

To be completed by the Office of Strategic Procurement

Audited without exception: _____	_____
PCard Office Representative	Date