

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:

Expiration Date:

First Name:	Middle Name:	Last Name:
Business Phone #: ()	PeopleSoft User ID:	Employee ID#:
Department:	Email:	

Requesting:

Single transaction limit:	Current single transaction limit:	Proposed single transaction limit:
Monthly credit limit:	Current monthly credit limit:	Proposed monthly credit limit:
Justification for proposed increase (s):		

The following signatures are required:

By signing below the Cardholder agrees to use the Purchase Card only for authorized purchases and in an appropriate manner, as defined in the Purchase Card Policy Manual and in accordance with all existing state and University purchasing policies and procedures. Any violations of these policies may result in revocation of increased limit(s) and/or loss of Purchase card privileges.*

Cardholder's Signature * _____ Date _____

Dept. Administrator (Approver) (Print) _____ (Signature) _____

Dean, Director, or Dept. Head, as applicable (Print) _____ (Signature) _____

Director, Office of Sponsored Projects (Print) _____ (Signature) _____
(Required for ALL Fund 500 PCARD Requests)

To be completed by the Office of Strategic Procurement

Office of Strategic Procurement/PCard Admin.(Signature) _____ Date _____