

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

Requesting:

Single transaction limit	Current single transaction limit: \$2,000	Proposed single transaction limit:	
Monthly credit limit	Current monthly credit limit: \$5,000	Proposed monthly credit limit:	

Justification for proposed increase(s):

The following signatures are required:

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

_____	_____
Cardholder's Signature *	Date
_____	_____
Direct Supervisor (Print)	(Signature)
_____	_____
Dean, Director, or Dept. Head, as applicable (Print)	(Signature)

To be filled out by the Office of Strategic Procurement

Office of Strategic Procurement/Pcard Admin. (Signature) Date