

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

Mail: University of Rhode Island
Carlotti Administration Bldg.
75 Lower College Road, Rm 103, Kingston, RI 02881-1966

Cardholder Information:

First Name:	Middle Initial:	Last Name:
New Department Name:	Business Phone #:	
<u>Applicant's Complete New Business Mailing Address</u>		
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, Director, or Dept. Head, as applicable (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 the Controller:

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