

Fax: 401/874-4825  
Email: PCARD@etal.uri.edu



Mail: University of Rhode Island  
Carlotti Administration Bldg.  
75 Lower College Road, room 103  
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: \_\_\_\_\_

<i>Any discrepancies with reconciliation, please explain below</i>		
Amount	Explanation	Resolution

To be completed by the Office of Controller

Audited without exception: _____	_____
Controller's Office Representative	Date