

University of Rhode Island Permanent Travel Card Limit Increase Request Form

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:

Cardholder Information:				
First Name:	Middle N	ame:	Last Name:	
Business Phone #: ()	PeopleSoft User ID:		Employee ID#:	
Department:		Email:		
Requesting:				
Single transaction limit	Current single transaction	on limit: \$2,000	Proposed single transaction limit:	
Monthly credit limit	Current monthly credit limit: \$5,000		Proposed monthly credit limit:	
Justification for proposed increase The following signatures are re			,	
accordance with the URI Travel	Policy and in accordance	e with all existing state	zed travel, in an appropriate manner, in and University travel policies and procedur d/or loss of Travel Card privileges.*	es.
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	the Controller			