

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 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 _____ (Signature) _____
(Required for ALL Fund 500 PCARD Requests)

To be completed by the Office of the Controller

Office of the Controller/PCard Admin. (Signature) _____	Date _____
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