

## University of Rhode Island Travel Card Application (Travel Card Agreement must be submitted with Application)

Send to: Pcard@etal.uri.edu

Fax: 401-874-4825

Email: Business Phone #: ( )  Department: Date of Birth:  Mother's Maiden Name:  Applicant's Complete Business Mailing Address:  Building & Room #: Street Address:  City: State:  Applicant's Home Address  Street Address:  City: State:  The following signatures are required:  Applicant Signature Date  Direct Supervisor (Print) (Signature)	Last Name: Employee ID#: Country of Citizenship:  Country: Zip Code:  Zip:
Email: Business Phone #: ( )  Department: Date of Birth:  Mother's Maiden Name:  Applicant's Complete Business Mailing Address:  Building & Room #: Street Address:  City: State:  Applicant's Home Address  Street Address:  City: State:  The following signatures are required:  Applicant Signature Date  Direct Supervisor (Print) (Signature)	Employee ID#: Country of Citizenship:  Country: Zip Code:
Department:  Mother's Maiden Name:  Applicant's Complete Business Mailing Address:  Building & Room #:  City:  State:  Applicant's Home Address  Street Address:  City:  State:  The following signatures are required:  Applicant Signature  Date  Direct Supervisor (Print)  (Signature)	Country of Citizenship:  Country: Zip Code:
Mother's Maiden Name:  Applicant's Complete Business Mailing Address:  Building & Room #:  City: State:  Applicant's Home Address  Street Address:  City: State:  The following signatures are required:  Applicant Signature  Date  Direct Supervisor (Print) (Signature)	Country: Zip Code:
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Applicant Signature Date  Direct Supervisor (Print) (Signature)	
Dean, Director, or Dept. Head, as applicable (Print) (Signature)	
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To be filled out by the Office of the Controller:	
MCC Codes Single Transaction Limit \$ Monthly	v Credit I imit \$
Office of the Controller (Signature)  Date	Cicuit Limit #