

(Cardholder & Department Administrator Agreements must be submitted with Application)

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

Applicant/Cardholder Information:

First Name:	Middle Initial:	Last Name:
Email:	Business Phone #:	URI Employee ID#:
Department:	Date of Birth:	Country of Citizenship:
Mother's Maiden Name		

Applicant's Complete Business Mailing Address

Building & Room #:	Street Address:	
City:	State:	Zip:

Applicant's Home Address

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:

_____	_____
Applicant Signature	Date
_____	_____
Dept. Administrator (Approver) (Print)	(Signature)
_____	_____
Dean, Director, or Dept. Head, as applicable (Print)	(Signature)
_____	_____
Director, Office of Sponsored Projects (Required for ALL Fund 500 PCARD Requests)	(Signature)

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