

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: \$2,000	Proposed single transaction limit:	
Monthly credit limit	Current monthly credit limit: \$5,000	Proposed monthly credit limit:	

Justification for proposed increase(s):

**The following signatures are required:**

By signing below the Cardholder agrees to use the Travel Card only for authorized travel, in an appropriate manner, in accordance with the URI Travel Policy and in accordance with all existing state and University travel policies and procedures. Any violations of these policies may result in revocation of increased limit(s) and/or loss of Travel Card privileges.\*

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 Strategic Procurement**

Office of Strategic Procurement/Pcard Admin. (Signature)	Date
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