## JMU PREPAID PAYMENT CARD

## **Request for Funding**

**Employee** 

CARD MUST BE PICKED UP BY CARDHOLDER BY 2PM, 1 BUSINESS DAY PRIOR TO TRAVEL - NO EXCEPTIONS

Name of Traveler		Employee PeopleSoft HR ID#	
Date of Birth		International PA#	<u> </u>
Amount Requested \$		Travel Dates	<u> </u>
Traveler's Address [1]	]		
[1] No PO Boxes			
Destination		Purpose of Travel	
loan to cover travel employee is not elig	expenses. Likewise, if an e gible for a <u>Prepaid Paymen</u> rity's signature below indicates	ne the use of a travel charge card are not eligible employee's travel card has been taken away due to at Card for official University travel from the University travel from the University or their designee have reviewed the attached Pervare of the appropriate use of the requested funds.	o a delinquent status, that rsity Business Office.
Date	Signature of Approving Authority*	Title	
[*Approving Authority: Pres	ident, Vice President, Assistant Vice Pre	sident, Dean, Asst/Assoc Dean, Director, or Department Head, who is the	Approving Authority for the DeptID]
signed Request fo on the Prepaid Pay	r Funding (and Internation yment Card. If the total of lead of lead of lead on the legitimate explain the legitimate explains	le an Expense Report with supporting document nal PA). The completed Expense Report will degitimate expenses exceeds the card transaction penses are less than the card total spent, I must response to the card total spent.	<i>lenote the amount funded</i> total, I may be reimbursed
Date	Signature of Traveler	Department Name and DeptID#	

A copy of the completed International PA, if applicable and the GSA Per Diem Calculation

[http://www.gsa.gov/portal/category/26429] must be attached for processing.

Revised 9/21/17