

# JMU PREPAID PAYMENT CARD

## Request for Funding

## Sponsored Programs

***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# \_\_\_\_\_

Amount Requested \$ \_\_\_\_\_ Travel Dates \_\_\_\_\_

Traveler's Address [1] \_\_\_\_\_

[1] No PO Boxes

Destination \_\_\_\_\_ Purpose of Travel \_\_\_\_\_

Employees who qualify for and choose to decline the use of a travel charge card are not eligible to receive a travel advance loan to cover travel expenses. Likewise, if an employee's travel card has been taken away due to a delinquent status, that employee is not eligible for a **Prepaid Payment Card** for official University travel from the University Business Office.

***The approving authority's signature below indicates they or their designee have reviewed the attached Per Diem Calculations for reasonableness and have ensured the traveler is aware of the appropriate use of the requested funds.***

\_\_\_\_\_  
Date Signature of Approving Authority\* Title

**\*Approving Authority:** President, Vice President, Assistant Vice President, Dean, Asst/Assoc Dean, Director, or Department Head, who is the Approving Authority for the DeptID]

If travel is to be charged to a sponsored program DeptID# starting with a 5, this form must also be approved by the Sponsored Programs Accounting Office PRIOR to presentation to UBO for funding of card or requesting a temporary, generic card.

\_\_\_\_\_  
Date Signature of SPA Representative Printed Name of SPA Approver

Upon completion of this travel, I will promptly file an Expense Report with **supporting documents, including a copy of the signed Request for Funding (and International PA). The completed Expense Report will denote the amount funded on the Prepaid Payment Card.** If the total of legitimate expenses exceeds the card transaction total, I may be reimbursed for the difference. However, if the legitimate expenses are less than the card total spent, I must reimburse the department within 30 days of the trip return date.

\_\_\_\_\_  
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 9/21/2017