## JMU U. S. Bank Corporate Rewards Prepaid Payment Card

## **Request for Funding - Student Only**

## **Sponsored Programs**

## CARD MUST BE PICKED UP BY CARDHOLDER BY 11AM, 1 BUSINESS DAY PRIOR TO TRAVEL - NO EXCEPTIONS

Name of Traveler	PeopleSoft SA Student ID#		
International PA#			
Amount Requested \$_	Travel Begin Date	Travel End Date	
Destination	Purpose of Travel		
Madison University. diem calculation. My reasonableness and procedures applicable approved International The approving authority.	I agree to cover charges up to the amousignature below indicates I, or my designed have ensured the student traveler is aware to the use of the requested funds. If this al PA is attached.	per diem for a student traveling as a representative of James and listed from the Department identified on the attached per see, have reviewed the attached Per Diem Calculations for e of the appropriate use and applicable university and state trip includes international travel, I have ensured a copy of an agree have reviewed the attached Per Diem Calculations for triate use of the requested funds.	
Date	Signature of Approving Authority*	Title	
[*Approving Authority: President	ent, Vice President, Assistant Vice President, Dean, Asst/Asso	c Dean, Director, or Department Head, who is the Approving Authority for the DeptID]	
	to a sponsored program Deptid# starting with a 5, ation to UBO for funding of card or requesting a ter	this form must also be approved by the Sponsored Programs Accounting nporary, generic card.	}
Date	Signature of SPA Representative	Printed Name of SPA Approver	
I acknowledge that if 30 days of the trip ret		the card total funded, I must reimburse the department within	n
Date	Signature of Traveler	Department Name and DeptID #	
SUBMIT COMPLETED FORM	TO CASH & INVESTMENTS AT PREPAIDCARDS@JMU.ED	U.	

A copy of the completed **International PA, if applicable** and the **GSA Per Diem <u>Calculation</u> (not a printout of the rates)** must be attached for processing. Revised 052325