

# JMU PREPAID PAYMENT CARD

## Request for Funding

**Student**

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

Name of Traveler \_\_\_\_\_

PeopleSoft SA Student ID# \_\_\_\_\_

International PA# \_\_\_\_\_

Amount Requested \$ \_\_\_\_\_

Travel Dates \_\_\_\_\_

Destination \_\_\_\_\_

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

I am requesting funding of a **Prepaid Payment Card** to cover per diem for a student traveling as a representative of James Madison University. I agree to cover charges up to the amount listed from the Department identified on the attached per diem calculation. My signature below indicates I, or my designee, have reviewed the attached Per Diem Calculations for reasonableness and have ensured the student traveler is aware of the appropriate use and applicable university and state procedures applicable to the use of the requested funds. If this trip includes international travel, I have ensured a copy of an approved International PA is attached.

\_\_\_\_\_

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]

I acknowledge that if the legitimate trip expenses are less than the card total funded, I must reimburse the department within 30 days of the trip return date.

\_\_\_\_\_

Date

Signature of Traveler

Department Name & 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