



Request for Purchasing Card Limit Increase

Cardholder Name _____

Card Number _____

New Transaction Limit _____ New Monthly Limit _____

Justification for Increase _____

Approving Vice President _____ Date _____

Approving Director or Department Head _____ Date _____

All approvals must be obtained prior to submitting this request to the Purchasing Card Administrator.

Increase Approval (to be completed by Purchasing)

Approved New Transaction Limit _____ Approved New Monthly Limit _____

Director/Associate Director
Of Purchasing _____ Date _____

Purchasing Card Administrator _____ Date _____