



## 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 \_\_\_\_\_