

## P-CARD HIGHER TRANSACTION AND / OR MONTHLY LIMIT REQUEST FORM

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Cardholder Name:

Department:

Requested Amount:

Per Transaction:

Monthly Limit:

Reason for Increase:

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Printed Name of Cardholder

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Cardholder's Signature

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Date

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Printed Name of Fiscal Officer or Department Head

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Fiscal Officer or Department Head Signature

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Date

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Printed Name of Vice Chancellor

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Vice Chancellor Signature

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Date

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Director of Procurement Services Signature

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Date

**SUBMIT COMPLETED, SIGNED FORM TO:**

Procurement Services, MC 6813

ATTN: P-Card Administrator