

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

Cardholder Name:

Cardholder Title:

Department:

Requested Amount:

Per Transaction:

Monthly Limit:

Reason for Increase:

Printed Name of Cardholder

Cardholder's Signature

Date

Printed Name of Fiscal Officer or Department Head

Fiscal Officer or Department Head Signature

Date

Printed Name of Vice Chancellor/Chancellor

Vice Chancellor/Chancellor Signature

Date

Director of Procurement Services Signature

Date

SUBMIT COMPLETED, SIGNED FORM TO:

Procurement Services, MC 6813

ATTN: P-Card Administrator