



Purchase Card Limit Change Request

The Cardholder must ensure that Sections A, B, and C are completed prior to submitting the document to the P-Card Management Division. Once received, the P-Card Program Administrator will make an approval determination and notify the Cardholder. Please scan and email the completed form to:

Section A – To be completed by the Cardholder

Name: _____
Last/Middle/First

Department Name: _____

Last 4 Digits of P-Card: _____

Phone Number: _____

Current Transaction Amount: _____

Requested Transaction Amount: _____

Current Monthly Amount: _____

Requested Monthly Amount: _____

Temporary Increase Start Date: _____

Temporary Increase End Date: _____

The duration of a temporary increase may not exceed five business days, unless a special exception is approved by the P-Card Program Administrator.

Cardholder Signature

Date

Section B – To be completed by the Department Head / Approving Official

Short Justification for Limit Increase (if additional space is needed, please attach a separate piece of paper):

Department Head / Approving Official Name (Please Print)

Department Head / Approving Official Signature

Date

Section C – To be completed by the Budget Analyst

I certify that funding is available to substantiate this request.

Budget Analyst or Designee (Please Print)

Budget Analyst or Designee Signature

Date

Section D – To be completed by OCP

Approved Disapproved

P-Card Program Administrator or Designee (Please Print)

P-Card Program Administrator or Designee Signature

Date