P-CARD DEVIATION REQUEST FORM

Procurement Services
386 East Black Street
Rock Hill, SC 29730

Request Date: _____

School or Department: _____

Requestor: _____ Last 4-Digits _____
(Name as it should appear on Card)

Current Monthly Limit: _____

Increase Start Date: _____ **End Date:** _____

Credit Limit Increase Amount:

$2,500 _____ $5,000 _____ $10,000 _____ Other $ _____

Explanation for increased credit limit:

_____

_____

Please attach all supporting information for any STL limit increase. (i.e. quotes, sole source, contract number).

Single Transaction Limit (STL) Increase Amount:

$5,000 _____ $10,000 _____ Other $_____

Start Date: _____ **End Date:** _____

Explanation for increased single transaction limit:

_____

_____

**********COMPLETED BY PROCUREMENT**********

Date Received: _____

_____ _____
Processor Signature Date Processed