



P-Card

Temporary Credit Limit Increase Request Form

EMPLOYEE INFORMATION

Employee Name: _____ Title: _____

Department/Campus : _____ Supervisor Name: _____

REQUESTED LIMIT INCREASE

P-Card Number: _____ Current Credit Limit: _____
(Last 4 Digits)

Requested Temporary Credit Limit: _____

Effective Dates: ____/____/____ to ____/____/____

Note: The temporary increase will be reverted to the original limit after the end date specified above.

Printed Budget Report: A current printed budget report must be attached to this form for approval consideration. Requests submitted without this attachment will not be processed.

Reason for Increase:

APPROVALS

All temporary credit limit increase requests will be reviewed and approved on a case-by-case basis. Submission of this form does not guarantee approval.

Employee Signature: _____ Date: _____

Supervisor Approval: _____ Date: _____

FOR FINANCE USE ONLY

Approved Temporary Credit Limit: _____

Effective Dates: ____/____/____ to ____/____/____

Processed By: _____ Date: _____