



## P-Card Limit Change Request

P-Card Holder Name: \_\_\_\_\_

Date: \_\_\_\_\_

Requested Single Transaction Limit: \$ \_\_\_\_\_

Requested Monthly Transaction Limit: \$ \_\_\_\_\_

Reason for Need: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date Change Needed: \_\_\_\_\_ Return Date: \_\_\_\_\_

P-Card User Signature: \_\_\_\_\_

Dept. Manager Name: \_\_\_\_\_

VP Finance & Administration: \_\_\_\_\_

Procurement Manager: \_\_\_\_\_