

## PROCUREMENT CARD PROGRAM P-CARD LIMIT REQUEST FORM

This form is used as a documentation for requesting limit adjustment to a cardholders' original limit for the following billing period or specified period listed below. The monthly credit limit and/or single-purchase limit will be determined by the Cardholder's Approving Official and reviewed by Procurement Card Administrator.

The form is to be completed, signed by the Cardholder/Approving Official, and sent to pcard@cpp.edu.

TEMPORARY INCREASE $\square$ TEMPORARY DECREASE $\square$ PERMANENT INCREASE $\square$ PERMANENT DECREASE $\square$			
CURRENT MONTHLY CREDIT LIMIT:		TO NEW LIMIT:	
BILLING PERIOD (use only if requesting as a temporary increase):			
CURRENT SINGLE-PURCHASE LIMIT:		TO NEW LIMIT:	
BILLING PERIOD (use only if requesting as a temporary increase):			
JUSTIFICAITON FOR THE REQUEST:			
Justification should outline the functional reasons f	for the adjustment and	d any pertinent details that su	pport the request.
A Signature Authorization Form must be on file in order to p	process this request.		
CARRIAGI DER NAME (RRIVIT)			
CARDHOLDER NAME (PRINT):  SIGNATURE:	DATE:		
SIGNALUKE.	DATE.		
APPROVING OFFICIAL NAME (PRINT):			
SIGNATURE:	DATE:		
BROCKIDEMENT CERWICES CTAFF VOR ONLY			
PROCUREMENT SERVICES STAFF USE ONLY  APPROVED: ☐ The requested change will be processed.			
NOT APPROVED:   The requested change cannot be processed for the following reason(s):			
	PROCESSED BY:		DATE: