

# P-CARD HIGHER TRANSACTION AND/OR MONTHLY LIMIT REQUEST FORM

Cardholder Name: \_\_\_\_\_

Department: \_\_\_\_\_

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

Reason for Higher Transaction / Monthly Limit:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Note: All signatures should be in blue ink.**

Cardholder \_\_\_\_\_  
Signature Date

Fiscal Officer \_\_\_\_\_  
Signature Date

Department Head/Approval \_\_\_\_\_  
Signature Date

Director of Purchasing \_\_\_\_\_  
Signature Date

If Fiscal Officer is also Department/Division Head, they must sign and date both lines.  
Send this form to the P-Card Administrator, Purchasing, Mail Code 6813.