



REQUEST FOR PROCUREMENT CARD LIMIT INCREASE

CARDHOLDER NAME:

DATE:

TYPE OF INCREASE REQUESTED:

MONTHLY LIMIT (ML) AND/OR SINGLE TRANSACTION LIMIT (STL)

***The default spend control is ML \$5,000/STL \$2,500**

ML\$7,000/STL\$2,500

ML\$8,000/STL\$2,500

ML\$10,000/STL\$2,500

ML\$15,000/STL\$2,500

ML\$25,000/STL\$2,500

ML\$50,000/STL\$2,500

ML\$5,000/STL\$5,000

ML\$10,000/STL\$5,000

ML\$15,000/STL\$5,000

ML\$25,000/STL\$5,000

ML\$35,000/STL\$5,000

ML\$50,000/STL\$5,000

DEPARTMENT NAME:

VP SIGNATURE:

*****SECTION BELOW TO BE COMPLETED BY THE PROCUREMENT SERVICES OFFICE*****

LIMIT ADJUSTED ____/____/____