



Purchasing Card Request for Increase/Change

Last 4 digits of Credit Card # _____

Current Monthly Limit _____

Complete this section for Permanent Increase:

Reason for increase: _____

New Monthly Credit Limit \$ _____

Please note: Increases, whether temporary or permanent, will not be processed unless the pcardholder's account is up to date with monthly allocations and submissions of statements and/or receipts.

Complete this section for Temporary Increase:

Reason for Increase: _____

Temporary Limit Amount From \$ _____ To \$ _____

Dates Request Effective From _____ To _____

Original Limit to be reinstated on the 26th of the month

Cardholder Printed Name

Cardholder Signature

Date

Manager Printed Name

Manager Signature

Date

Next Level Signature only required if Manager is not a Vice President or Dean:

Vice President or Dean - Printed Name

Vice President or Dean - Signature

Date

Return completed form to: Kristin Thomas, Business Operations via campus mail, or Email: thomask@rmu.edu