Western Illinois University

P-Card Higher Transaction & Monthly Limit Request

CARDHOLDER INFORMATION

First Name: _____ Initial: _____ Last Name: _____

E-mail: _____ Last 4 digits of card: _____

Work Phone: _____ Department: _____

Cardholder Signature: _____ Date: _____

REQUEST FOR CREDIT LIMIT CHANGE

Increase monthly credit limit from: $ _____ to $ _____

Increase single transaction limit from: $ _____ to $ _____

Reason for Higher Transaction/Monthly Limit: _____

_____

_____

_____

_____

Temporary Increase _____ Date to reset to original limit _____ Permanent Increase _____

APPROVALS REQUIRED FOR HIGHER CREDIT LIMITS

Department Administrator: _____ Date: _____

Vice President: _____ Date: _____

Director of Purchasing: _____ Date: _____

FOR USE BY P-CARD ADMINISTRATORS ONLY

Request Completed By: _____ Date: _____

Date Cardholder Notified via Email: _____

Account Reset to Original Limit

Confirmed By: _____ Date: _____

Orig: $_____

Temp: $_____

Auto Reset Date: _____