



WESTERN
ILLINOIS
UNIVERSITY

P-CARD

Higher Transaction & Monthly Limit Request

CARDHOLDER INFORMATION

First Name: _____ Initial: _____ Last Name: _____
 WIU ID: _____ E-mail: _____
 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 CREDIT LIMITS

Fiscal Officer: _____ Date: _____
 Vice President: _____ Date: _____
 Director of Purchasing: _____ Date: _____

FOR USE BY P-CARD ADMINISTRATORS ONLY

Request Completed By: _____ Date: _____	Orig: \$ _____
Cardholder Notified : _____ Date: _____	Temp: \$ _____
Account Reset to Original	Auto Reset Date: _____
Limit Confirmed By: _____ Date: _____	