



P-Card Limit Increase Request

TO: Linda Gregory, Finance Deputy Director
FROM: _____
CC: Heather Romine, Accounting Technician
DATE: _____
RE: Purchasing Card (P-Card) Increase Request

Cardholder Name: _____

Current P-card Limit: \$_____.00

Requested P-Card Limit: \$_____.00

Date Increase is required by date*: _____

Last 4 Digits of P-Card Number: _____

Business Purpose for Requested Increase:

Approved by:

Department Manager of P-Card Holder

Date

Linda Gregory, Finance Deputy Director

Date

***Increases are valid for 30 days unless otherwise requested.**