



Procard Limit Increase

Return completed form to the Controller's Office

Cardholder _____ Last 4 Card # _____

List your current limit and estimate the highest amount necessary to cover your increased (or decreased) purchasing requirements.

Current limit: \$ _____

Requested limit: \$ _____

This Procard limit change is necessary because:

This change is permanent Yes No If no, this change should expire on: _____

Cardholder Signature

Name of Financial Manager for default activity or higher position for the default activity

Signature

Today's Date
