

SAMFORD UNIVERSITY
Temporary PCARD Limit Increase Request

Date _____

Card Number (last 4 digits) _____

Cardholder Name _____

Reason for request:

Please note: The Cardholder understands that individual tangible items with a cost exceeding \$1,000 are considered capital items and cannot be purchased with a PCARD.

Current Single Transaction Limit: \$1000 Current Monthly Limit: \$2,000

Requested Single Transaction Limit: \$ _____ Requested Monthly Limit \$ _____

Effective Dates: _____ _____

 Start Date End Date

Cardholder Signature _____ Date _____

Budget Administrator Signature _____ Date _____

For Office Use Only	
Date request received _____	
_____ Approved	_____ Disapproved
_____	_____
PCARD Program Administrator	Date
_____	_____
Associate V.P. for Business and Financial Affairs	Date