

FLORIDA
SOUTHWESTERN
STATE COLLEGE

PURCHASING CARD PROGRAM

Temporary Limit Increase Request

Date: _____

Last 4 digits of P-Card: _____

Cardholder Name: _____ Banner I.D.: _____

Reason for temporary limit increase request:

Please note: The Cardholder understands that individual items with a cost exceeding \$5,000 are considered capital and cannot be purchased with a P-Card. For travel related increases, please indicate the TA # (travel authorization).

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

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

Effective Dates: _____

Start Date

End Date

Cardholder Signature: _____ Date: _____

Budget Administrator Signature: _____ Date: _____

For Official Use Only

Date request received: _____ P-Card Specialist Signature: _____

Approved

Disapproved

Assistant VP, Financial Services

Date