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: $500 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