

## **Purchasing Card Request for Permanent Limit Increase**

Account Requesting to be Increased:	
Designated Cardholder:	Job Title:
Cost Center #:	Office Phone #:
Single Transaction Limit (not to exceed \$1,000) \$	
Monthly Limit Requested \$	
Justification: The expenditures have exceeded the previously designated limit on a regular basis.	
PRINCIPAL APPROVAL	DATE: