



**PCard Update Form – Change Cardholder Limits**

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**Requestor Information:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**Cardholder Information:**

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Phone: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Last 10 Digits of Card: \_\_\_\_\_

Current PCard Limits	Requested Limits
Single Purchase Limit: _____	Single Purchase Limit: _____
Cycle Limit: _____	Cycle Limit: _____

Permanent Request

Temporary Request: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Reason for request: \_\_\_\_\_

\_\_\_\_\_

I confirm that I am the Account Executive or Authorized Alternate of the stated Chartfield(s) and the identified Cardholder is authorized to allocate to these funds.

Name of Account Executive or Alternate: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Karen Macon: \_\_\_\_\_ Date: \_\_\_\_\_

