



PCard Update Form – Change Cardholder Limits

Contact Information for Requestor:

Name: _____
Department: _____
Phone: _____

Cardholder Information:

Name: _____
Org ID: _____
Department: _____
Phone: _____
Employee ID: _____
Last 10 Digits of Card: _____

Current PCard Limits

Current Single Purchase Limit: _____
Current Monthly (Cycle) Limit: _____

Requested PCard Limits

Requested Single Purchase Limit: _____
Requested Monthly (Cycle) Limit: _____

This limit change request will be: Permanent or Temporary, requested date range: _____

Reason why new limits are requested: _____

As Department Head or Authorized Supervisor of stated Cardholder, I approve increasing their PCard limit(s).

Name of Department Head or Authorized Supervisor: _____
(Please Print)

**Signature: _____ Date: _____
(Signed by Department Head or Authorized Supervisor)