

Purchasing Department

PCard Update Form – Change Cardholder Limits

<u>Contact Information for Requestor:</u>	
Name:	
Department:	
Phone:	
Cardholder Information:	
Name:	
Org ID:	
Department:	
Phone:	
Employee ID:	
Last 10 Digits of Card:	
<u>Current PCard Limits</u>	Requested PCard Limits
Current Single Purchase Limit:	Requested Single Purchase Limit:
Current Monthly (Cycle) Limit:	Requested Monthly (Cycle) Limit:
This limit change request will be: Permanent or Te	mporary, requested date range:
Reason why new limits are requested:	
As Department Head or Authorized Supervisor of stated C	Cardholder, I approve increasing their PCard limit(s).
Name of Department Head or Authorized Supervisor:	
	Please Print)
**Signature:	Date:
(Signed by Department Head or Authorize	ed Supervisor)

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