



PCard Update Form – Change Cardholder Limits

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: _____