REQUEST FOR PROCUREMENT CARD CREDIT LIMIT INCREASE

Cardholder/Custodian Name: _____

Last 4 Digits of Card Number: _____

Phone No.: _____ Net ID: _____

Requested Transaction Limit: _____ Requested Monthly Limit: _____

Temporary Increase – Date Range: _____ to _____ ☐ Permanent Increase

Explanation for Increase:

Cardholder/Custodian Signature: _____ Date: _____

I, the undersigned Account Manager (Chair, Director, other), do hereby accept responsibility for assuring that all expenditures charges to the P-Card for accounts under my signature authority are expended in accordance with Federal, State, and University funding requirements and sufficient funds are available in the account designated. I acknowledge that I may be held personally liable for expenditures that do not conform to applicable Texas State University Policy and Procedures Statements or exceed the fund balance**.**

_____ _____

Account Manager's Printed Name Account Manager's Net ID

_____ _____

Account Manager's Signature Date

To be completed by University Procurement Services

Approved By: _____ Date: _____