# PC_RGB_WILKES-2

# Procurement Card

# Request for Increased Credit Limit

This form is to be completed if the Cardholder wishes to increase the credit limit on their Procurement Card. The following information is used by the Card Provider for identification only and will be kept strictly confidential and will have no effect on your personal credit. Forward this completed form to the Business Operations Office for review. Upon determination you will be notified of any change to your current credit limit.

|  |  |
| --- | --- |
| Employee Name:       | WIN:       |
| Division:       | Department:       |
| Building/Room:       | Phone:       |
| Email:       | Title:       |
| Budget Manager:       | Phone:       |
| Current Credit Limit: $      | Requested Credit Limit: $      |

Permanent Increase? [ ]  Temporary Increase? [ ]  Increase End Date:

Reason for requested increase to credit limit:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee/Applicant Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Budget Manager / Supervisor Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

P-Card Administrator’s Signature (Business Ops) Date