

PCard Credit Limit Change & Transaction Type Change Request Form

Changes to PCard

To request a change in either your Credit Limits or Transaction Type, please complete the appropriate sections listed below. This form must be signed by the cardholder and approved by the cardholder's Dean/Director/Chair. If the monthly limit request is \$25,000 or more, it must be approved by the cardholder's Vice President or Provost.

Monthly Credit Limit Request	Single Purchase Limit Request	
Current Limit: \$		
Requested Limit: \$		
Transaction Type Request To request a change in your Transaction Type	group, please complete the section below.	
Current Profile: Travel C	Commodities Travel & Commodities	3
Requested Profile: Travel C	Commodities Travel & Commodities	3
Customized Transaction Type Profile Requ	<u>est</u>	
If a customized Transaction Type profile is Shops for the Theatre Department). For Administration.		
Justification for Request To override limits or request a change in your	transaction type group, please provide justific	eation:
Override Request Signatures (Please complete Cardholder Name (required)	ete all that apply.) Signature	Date
Cardholder's Immediate Supervisor's Name (optional-for department use only)	Signature	Date
Dean, Director, Chair Name (required)	Signature	Date
Vice President / Provost Name (required only for limits \$25,000 or greater)	Signature	Date

F&A Form: 41-981 (06/12)