

Temporary Payment Card Limit Increase

PRINT

Cardholder _____ EID _____

Cardholder's email address _____ Card's Last 4 Digits ____/____/____/____

Reason for Change (be specific, i.e. items/cost/travel/etc):

Monthly Card Limit Change

Current Limit \$ _____ Requested Limit \$ _____

Temporary Start Date ____/____/____

End Date ____/____/____

(Will end on the last business day of the month in which you indicate.)

Single Transaction Limit Change

Current Limit \$ _____ Requested Limit \$ _____

Temporary Start Date ____/____/____

End Date ____/____/____

Cardholder Signature _____ Date ____/____/____

Reporting Authority Signature _____ Date ____/____/____

Submit Completed Application to: Accounts Payable/Payment Card • 112 Hover Building 734.487.0022