



**PROCUREMENT DEPARTMENT**  
 procurement@floridapoly.edu  
**EXPENSE CARD PROGRAM**  
**Cardholder Credit Increase Request**

**Request date:**

**CARDHOLDER'S INFO**

Cardholder's First Name:

Cardholder's Last Name:

Cardholder's Mother's Maiden Name:

Employee Id Number:

E-mail:

Department:

Phone Number:

Fax Number:

Justification

**REQUESTED ACTION**

Request new card

Close Account-complete termination form

Change existing profile

Other:

Commodities Only

Commodities & Travel\*

**\*Requires travel addendum**

**Permanent Increase**

Monthly Limit :

Single Transaction Limit:

**Temporary Increase**

Increase short-term credit

**(30 days max and purchasing thresholds still apply)**

Start date:

End date:

Monthly Limit:

Single Transaction Limit:

**APPROVAL**

Cardholder's Signature

Procurement Official  
Signature

Supervisor's Signature