



PROCUREMENT DEPARTMENT
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EXPENSE CARD PROGRAM
Cardholder Credit Change 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 - MCC codes etc
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