

PROCUREMENT DEPARTMENT

Cardholder P-Card Change Request

Please complete the form in its entirety and return to procurement@floridapoly.edu. For areas that do not apply to your request, please enter N/A. Incomplete forms will not be processed. One increase request per month will be permitted.

REQUEST DATE: _____

CARDHOLDER INFORMATION

Name (first and last): _____ Dept.: _____

Mother's maiden name: _____ Phone: _____

Email: _____ Employee ID: _____

Current Monthly Limit: _____ Available Funds: _____

Current Single Transaction Limit: _____

REQUEST

Permanent Increase: _____ Temporary Increase: _____

Proposed Monthly Limit: _____ Proposed Monthly Limit: _____

Proposed Single Transaction Limit: _____ Proposed Single Transaction Limit: _____

Start Date: _____ Start Date: _____

Please attach historical data to support your request. End Date: _____

JUSTIFICATION AND BENEFIT TO UNIVERSITY

CARDHOLDERS SIGNATURE: _____ DATE: _____

APPROVAL

COST CENTER MANAGER: _____ **DATE:** _____

SUPERVISOR: _____ **DATE:** _____

PROCUREMENT: _____ **DATE:** _____

Please submit completed form to procurement@floridapoly.edu