

Department of Procurement Services Purchasing Card (PCard) PCard Limit Increase Request Form

Section A – To be completed by the Cardholder		
Cardholder Name:		
Department Name:		
Current Transaction Limit:	Current Monthly Limit:	
Cardholder Signature & Date:		
Note: Cardholders can review and obtain the	neir current limits by accessing the Bank of Ar	merica Works system online.
Section B – To be completed by the Cardholder's A	approver/Reviewer	
Justification for limit increase(s):		
I hereby certify that I have examined this cardholde as identified below:	er's duties and with the justification provided	above request an increase in limit(s)
Check the box beside the desired option		
\$4,999 Transaction Limit, \$15,000 Monthly Limi	t	
\$4,999 Transaction Limit, \$25,000 Monthly Limi	t	
\$4,999 Transaction Limit, \$50,000 Monthly Limi		
\$4,999 Transaction Limit, \$100,000 Monthly Lin	nit	
I agree that I will review and approve this cardhold ensure each transaction is a valid business purchase procedures.		
Approver's Printed Name	Approver's Signature	Date
Please scan	completed form to pcardadmin@odu.edu.	
Section C – To be completed by the PCard Progran	n Administrator	
Approving PA Name & Date:		