

## **Department of Procurement Services** Purchasing Card (PCard) PCard Limit Increase Request Form #: 12-006

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 their current limits be Reconcile Repo	by accessing the Bank of America Works system online. Steps available in the orts guide on the pcard page.
Section B To be completed by the Cardholder's Approver	/Reviewer
Justification for limit increase(s):	
I hereby certify that I have examined this cardholder's dutie (s) as identified below:	es and with the justification provided above request an increase in limit
Check the box beside the desired option	
\$4,999 Transaction Limit, \$15,000 Monthly Limit	
\$4,999 Transaction Limit, \$25,000 Monthly Limit	
\$4,999 Transaction Limit, \$50,000 Monthly Limit \$4,999 Transaction Limit, \$100,000 Monthly Limit	
\$4,999 Transaction Limit, \$100,000 Monthly Limit	
I agree that I will review and approve this cardholder's transact transaction is a valid business purchase and adheres to all State	tions and supporting documentation on a monthly basis to ensure each e and University procurement policies and procedures.
Approve's Printed Name	Approve's Signature Date
Section C To be completed by the PCard Program Admini	istrator
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Approving PA Name & Date:	
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Please scan completed form to *PCard Administrators\_at* pcardadmin@odu.edu.