

ILLINOIS TECH

Request for PCard Limit Increase

Date:

Cardholder Name:

Last four digits of PCard Number:

FOAP:

Current Credit Limit:

Requested Credit Limit:

Duration of Credit Limit Increase:

Start

End

Justification for Credit Limit Increase (in the field below please provide detailed information about the purchases that will require a credit limit increase):

Cardholder Printed Name

Cardholder Signature:

Manager Printed Name:

Manager Signature: