



# PROCARD TEMPORARY LIMIT INCREASE REQUEST FORM

Use this form to request a temporary increase to ProCard cumulative monthly limit and/or single-transaction limit. Increased limits will return to their original settings after the increase end date. To request a permanent limit increase, use the ProCard Revision Form.

## Section 1: Increase Details

Cardholder: \_\_\_\_\_ Business Unit: \_\_\_\_\_

Increase Start Date: \_\_\_\_\_ Increase End Date: \_\_\_\_\_

Requested Single-Transaction Limit (Temporary): \_\_\_\_\_

Requested Cumulative Monthly Limit (Temporary): \_\_\_\_\_

Justification:

## Section 2: Signature Authorization

	Print Name	Signature
Cardholder	_____	_____
ProCard Approving Administrator	_____	_____
Grant Analyst (BKSPA only)	_____	_____
AVP SPPA (BKSPA only)	_____	_____
Payment Services Director/Manager	_____	_____
ProCard Office (procard@csub.edu)	_____	_____