



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	Date
Cardholder	_____	_____	_____
ProCard Approving Administrator	_____	_____	_____
Grant Analyst (BKSPA only)	_____	_____	_____
AVP SPPA (BKSPA only)	_____	_____	_____
Payment Services Director	_____	_____	_____
ProCard Office (procard@csub.edu)	_____	_____	_____