



PCard Spending Limit Adjustment Application Form

Name of the applicant _____

Last 4 digits of the card number/account number _____

Applicant Contact Email: _____ Phone: _____

CS Department _____

Current single purchase limit _____

Current monthly spending limit _____

* Reports with Cardholder limits are published monthly. Refer to this [link](#) to view the most recent report.

Proposed spending limit change:

Card Monthly Limit (select one):	\$5,000	\$10,000	\$20,000	\$30,000	Other _____
Single Purchase Limit (select one):	\$500	\$1,000	\$1,500	\$2,500	Other _____

Period of change Start Date: _____ End Date: _____

Business reason of increasing the Single Purchase Limit and/or Monthly Spending Limit:

Applicant's signature

Date

Managing Director's signature

Date

PCard Approver's signature

Date

CS Controller/ Accounting Manager's signature

Date