



Request for Procurement Card Credit Limit Increase

Department: _____ Date: _____

Last 4 Digits of Card Number: Contact Name: _____

Cardholder Name: _____

E-mail Address: _____ Phone No.: _____

Current Transaction Limit: _____ Requested Transaction Limit: _____

Current Monthly Limit: _____ Requested Monthly Limit: _____

Temporary Increase ☐

Permanent Increase ☐

Explanation for Increase: _____

Cardholder Signature: _____

I, the undersigned Account Manager do hereby accept responsibility for assuring that all expenditures charges to the Procurement Card for accounts under my signature authority are expended in accordance with Federal, State, and University funding requirements and sufficient funds are available in the account designated. I acknowledge that I may be held personally liable for expenditures that do not conform to applicable Texas State University rules, regulations, and policies and procedures, or exceed the fund balance.

Account Manager's Printed Name

Account Manager's E-mail Address

Account Manager's Signature

Date

To be completed by Procurement and Strategic Sourcing

Approved By: _____ Date: _____