



Credit Card Limit Increase Request Form (PUR-F021)

Name \_\_\_\_\_

Department/School \_\_\_\_\_

Type of credit card limit increase requesting & requested amount:

\_\_\_ Temporary single purchase limit increase. \$ \_\_\_\_\_

\_\_\_ Temporary monthly limit increase. \$ \_\_\_\_\_

\_\_\_ Permanent single purchase limit increase. (Departments Only) \$ \_\_\_\_\_

\_\_\_ Permanent monthly limit increase. (Departments Only) \$ \_\_\_\_\_

Last four digits of credit card \_ \_ \_ \_

Reason for request:

Detailed information supporting request:

Department Head Signature \_\_\_\_\_

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PLEASE DO NOT FILL OUT SECTION BELOW

P.O. Initials:

☐ Approved

☐ Denied

Reason: \_\_\_\_\_

CFO Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Limit Increase Adjustment

Initial: \_\_\_\_\_ Date: \_\_\_\_\_