



## Procurement and Business Services

### Request for Procurement Card Credit Limit Increases

Department: \_\_\_\_\_ Date: \_\_\_\_\_

Last 4 Digits of Card Number: \_\_\_\_\_ Delegate Name: \_\_\_\_\_

Current Transaction Single Transaction Limit: \_\_\_\_\_

Requested New Single Transaction Limit: \_\_\_\_\_

Current Monthly Limit: \_\_\_\_\_ Requested Monthly Limit: \_\_\_\_\_

Explanation for Increase Request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Delegate Signature: \_\_\_\_\_

Department Approval Signature: \_\_\_\_\_

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I, the undersigned Account Manager (Chair, Director, other), do hereby accept responsibility for assuring that all expenditures charged to the Procurement Card for Accounts under my signature authority are expended in accordance with Federal, State, and 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 Sam Houston State University rules, regulations, and policies or exceed the fund balance.

\_\_\_\_\_  
Account Manager's Name

\_\_\_\_\_  
Account Manager's Email Address

\_\_\_\_\_  
Account Manager's Signature

\_\_\_\_\_  
Date

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TO BE COMPLETED BY PROCUREMENT AND BUSINESS SERVICES DEPARTMENT

Approved by: \_\_\_\_\_

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