

Arkansas State University-Jonesboro

P-Card Travel Card Ghost Card

Temporary Increase Request

Card Profile: P-Card Travel Card (T-Card) Ghost Card (Department Card)

CARDHOLDER INFORMATION

First Name: _____ Last Name: _____
Last 4 Digits of Card # _____ Work Phone: _____

PLEASE NOTE: PERMANENT LIMIT INCREASE REQUIRES A MEMO EXPLAINING JUSTIFICATION FOR INCREASE

One-Time Increase (monthly limit will be reset to original limit after one month) \$ to \$

Permanent increase (please attach memo explaining increase) \$ to \$

AUTHORIZATION BY DEPARTMENT DEAN OR DIRECTOR (IF APPLICABLE) REQUIRED FOR ALL LIMIT CHANGES

Department Chair: _____ Signature: _____ Date: _____

Dean/Director: _____ Signature: _____ Date: _____

Division Vice Chancellor: _____ Signature: _____ Date: _____

I, fully understand and agree to the terms for the increase request on this card. I, as an authorized card holder or custodian have reviewed the department budget assigned to this card and agree that the budget will not be impaired by this increase. I, will not use the card for unauthorized or personal purchases.

Cardholder Signature: _____ Date: _____

FOR USE BY CARD COORDINATOR ONLY (Do not write in space below)

Request Completed: _____ Date: _____

Original: _____

Reset to Original Limit : _____ Date: _____

Temporary: _____