

# Arkansas State University-Jonesboro

PCard

Travel Card

Departmental Card

## Temporary Increase Request

Card Profile:  PCard  Travel Card (TCard)  Departmental Card

### CARDHOLDER OR CUSTODIAN INFORMATION

Cardholder: \_\_\_\_\_ Custodian (Departmental Card): \_\_\_\_\_

Last 4 digits on card: \_\_\_\_\_ Department: \_\_\_\_\_

Contact 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: \_\_\_\_\_

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: \_\_\_\_\_

Reset to Original Limit : \_\_\_\_\_ Date: \_\_\_\_\_

Original Limit: \_\_\_\_\_

Temporary Limit: \_\_\_\_\_

Permanent Limit: \_\_\_\_\_