



# P-Card Limit Modification Request

**Please return completed form to Accounts Payable**

P-Card Holder's Name: \_\_\_\_\_

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

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

Requested Transaction Limit: \_\_\_\_\_

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

Reason for Requested Modification: \_\_\_\_\_

\_\_\_\_\_

Org Manager Signature: \_\_\_\_\_

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The bottom portion to be completed by Finance

Approve

Deny

CFAO Signature: \_\_\_\_\_