



PROCUREMENT DEPARTMENT
 procurement@floridapoly.edu
EXPENSE CARD PROGRAM
Cardholder Credit Change Request

CARDHOLDER'S INFO

Request Date:

Current Monthly Limit:

Current Single Transaction Limit:

Cardholder's First Name:

Department:

Cardholder's Last Name:

Phone Number:

Cardholder's Mother's Maiden Name:

Justification

Employee Id Number:

E-mail:



REQUESTED ACTION

- Request new card
- Close Account-complete termination form
- Change existing profile - MCC codes etc
- Other:

Commodities Only

Commodities & Travel*
 *Requires travel addendum

Permanent Increase

Proposed Monthly Limit :
 Proposed Single Transaction
 Limit:

Temporary Increase

Increase short-term credit
 (30 days max and purchasing thresholds still apply)

Start date:

End date:

Temp. Increase Request:

Proposed Monthly Limit:

Single Transaction Limit:

APPROVAL

Cardholder's Signature

Procurement Official
 Signature

Supervisor's Signature