

**Palm Beach State College
P-Card Temporary Increase Form**

Please allow 24 hours for your request to be processed.

Cardholder Name: _____

Date Requested: _____

Reason for Increase:

Please keep in mind your current transaction limits when completing the below request. The amounts below will be your limits only between the dates you listed in the beginning and ending dates. The card will then go back to its original profile on the ending date.

Temporary Monthly Credit Limit (CL): \$ _____

Temporary Single Transaction Limit (STL): \$ _____

OR

Temporary Restriction Lift

Beginning Date: _____

Ending Date: _____

Cardholder Signature: _____

Supervisor Signature: _____

Please remember to review the College's policies and procedures when making purchases to ensure you are in compliance.