

Request to increase purchasing card limits/Travel Arranger Card

IBIS Document Number:

Request Type (check all that apply):

- New Travel Arranger Card
- Goods and Services Limit Increase
- Travel Limit Increase

Requested Limits:

Goods/Services:

Travel:

Individual:

Individual:

Daily:

Daily:

Cycle:

Cycle:

Administrative Area/Campus:

Cardholder Name:

Justification:

****PLEASE NOTE THAT ANY ONE-TIME INCREASE EXCEPTIONS WILL NEED TO BE SENT TO PURCHASING SERVICES AND THIS FORM WILL NOT NEED TO BE COMPLETED FOR THOSE REQUESTS**

Department Head/Dean Signature:

Date:

Financial Officer Signature:

Date:

Assistant Controller Signature:

Date:

Controller Signature:

Date: