

P-CARD INCREASE REQUEST

E-MAIL THE COMPLETED AND SIGNED FORM TO:

Accounts Payable: AccountsPayable@MiamiOH.edu

If you have any questions, please contact Customer Support at 9-9200

SUPPLY THE FOLLOWING INFORMATION:

Last 4-digits of Credit Card Number ____

Increase Single Limit Amount To: _____

Increase Monthly Amount To: _____

Vendor Name _____

Type of Purchase/Reason for Increase _____

Purchase Price _____

Will grant funds be used to pay for this purchase? Yes No
(If yes, a quote is required for any purchase over \$3,000)

Effective Dates of Temporary Increase ____/____/____ - ____/____/____

Permanent Increase Yes (If Yes, Include reason for permanent increase below)

Cardholder Printed Name _____

Cardholder Signature _____ Date _____

Approver or Chair/Director Printed Name _____

Approver or Chair/Director Signature _____ Date _____

ACP Use Only:

Changed by Signature _____ Date _____

Changed back by Signature _____ Date _____

MCC Group Change _____ Initial _____

