



SAM HOUSTON STATE UNIVERSITY

A Member of The Texas State University System

Procurement and Business Services

Request for Procurement Card Credit Limit Increases

Department: _____ Date: _____

Last 4 Digits of Card Number: _____ Contact Name: _____

Primary and/or Secondary Delegate Name: _____

Current Transaction Limit: _____ Requested Transaction Limit: _____
(Not to exceed \$5,000)

Current Monthly Limit: _____ Requested Monthly Limit: _____
(Up to \$50,000 per Department)

Explanation for Increase: _____

Delegate Signature: _____

Departmental Approval Name (Print): _____

Departmental Approval Signature: _____

I, the undersigned Account Manager (Chair, Director, other), do hereby accept responsibility for assuring that all expenditures charged to the Procurement Card for accounts under my signature authority are expended in accordance with Federal, State, and funding source requirements and sufficient funds are available in the account designated. I acknowledge that I may be held personally liable for expenditures that do not conform to applicable Sam Houston State University rules, regulations, and policies or exceed the fund balance.

Account Manager's Name _____ Account Manager's E-mail Address _____

Account Manager's Signature _____ Date _____

To be completed by Procurement and Business Services Department

Date: _____ Approval by: _____