



SUL ROSS STATE UNIVERSITY
A Member of The Texas State University System
Procurement and Business Services

Request for Procurement Card Credit Limit Increases

Department: _____ Campus: _____

Name on Card: _____ Last 4 Digits of Card #: _____

Current Transaction Limit: _____ Requested Transaction Limit: _____
(Not to exceed \$2,000)

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

Explanation for Increase:

Delegate's/ Cardholder Signature: _____ Date: _____

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 Sul Ross 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 SRSU Procurement and Business Services Department

SRSU VP Finance Approval: _____ Date: _____