



Email completed and manager approved form to [ap@gmhec.org](mailto:ap@gmhec.org)

Name on Card: \_\_\_\_\_

Last Four Digits on Card: \_\_\_\_\_

Department: \_\_\_\_\_

Permanent Change: (Yes or No) \_\_\_\_\_

Temporary Change: (If yes, enter end date) \_\_\_\_\_

	<u>Current Limit</u>	<u>Requested Limit</u>
Monthly Limit	\$ _____	\$ _____
Daily Limit	\$ _____	\$ _____
Single Transaction Limit	\$ _____	\$ _____

Justification:

**\*VP or Manager/Supervisor approval (REQUIRED):** \_\_\_\_\_

*\*If you are unsure who would approve your increase, please contact your college's finance office.*

