

EAST TENNESSEE STATE UNIVERSITY PROCUREMENT CARD PROGRAM

Credit Limit Change Form

mail form to:

**ProCard Administrator
PO Box 70729
Johnson City, TN 37614**

OR

email form to:

procards@etsu.edu

(Cardholder Name)

(Last Four Digits of Card Number)

(INDEX Number)

(Telephone No.)

I am requesting that the monthly spending limit for the procurement card identified above be increased/decreased from \$ _____ to \$ _____ for the following reason:

☐ Permanent Increase ☐ Temporary Increase End Date _____

I understand that all other policies and procedures governing **East Tennessee State University** Department Procurement Card Program will remain in force, unchanged.

(Cardholder Signature)

(Date)

(Department Head Signature) *MUST NOT BE THE CARDHOLDER*

(Date)

(Grant or Foundation Signature *if required*)

(Date)

Initials of ProCard
Admin

(Date)