



**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**

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**To be completed by Procurement and Business Services Department**

**Date:** \_\_\_\_\_ **Approval by:** \_\_\_\_\_