

P-CARD INCREASE REQUEST

E-MAIL THE COMPLETED AND SIGNED FORM TO: ACCOUNTSPAYABLE@MIAMIOH.EDU

SUPPLY THE FOLLOWING INFORMATION:

Cardholder Name: _____ Last 4 Digits of P-Card: _____

Is this increase for a Workshop P-Card? Yes No

Increase Single Limit Amount to: _____ Increase Monthly Limit To: _____

Effective Dates of Temporary Increase _____ --- _____

Permanent Increase? Yes (If Yes, Include reason for permanent increase below)

Vendor/Merchant: _____

Description & Reason for Purchase: _____

Will grant funds be used to pay for this purchase? Yes No

(If yes, a quote is required for any purchase over \$3,000)

Purchase Price:

As a general rule, purchases over \$5000 require a contract or 3 quotes. An attempt should first be made to pay the merchant directly with an invoice after setting them up as a supplier. For questions on how to make purchases over \$5000, please reach out to purchasing@miamioh.edu.

Cardholder Signature _____ Date _____

Approver or Chair/Director Printed Name _____

Approver or Chair/Director Signature _____ Date _____

AP Use Only:

FBS-Sr. VP Approval from: _____ Date _____

Changed by Signature _____ Date _____

