

**SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE
PROCUREMENT CARD PROGRAM
HIGHER TRANSACTION AND MONTHLY LIMIT REQUEST FORM**

Please submit this form using the PCE Request Link: [PCE \(PCard Exception\)](#) Number

Cardholder Name: _____

Department: _____ **Budget Purpose No:** _____

Request Type (Select One Option): **Temporary Increase** **or** **Permanent Increase**

Monthly Limit: _____ **Single Transaction Limit:** _____ **Increase End Date:** _____

Reason for Higher Transaction/Monthly Limit:

Cardholder Name Signature Date

Fiscal Officer Signature Date

Department Head/Approver Signature Date

*Grant Officer (If Applicable) Signature Date
All requests using a Grant Account will require the appropriate signature

Special Approvals (If Applicable) Signature Date

PURCHASING USE ONLY:

Director of Purchases Signature Date

Director of Financial Affairs Signature Date