

# PROCUREMENT CARD

## HIGHER TRANSACTION & MONTHLY LIMIT REQUEST



WESTERN  
ILLINOIS  
UNIVERSITY

Cardholder Name:

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Department

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Requested Amount per Transaction

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Requested Amount per Month

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Reason for Higher Transaction/Monthly Limit

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Cardholder

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Signature

Date

Fiscal Officer

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Signature

Date

Department Head

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Signature

Date

Vice President

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Signature

Date

Director of Purchases

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Signature

Date

Return to the Procurement Card Administrator, Purchasing Office, Sherman Hall 227