



Baylor College of Medicine
P-Card
Spending Limit Change Request

Please indicate the type of request. Temporary Request _____ Permanent Request _____

1 Cardholder

Name _____ BCM Employee ID _____
Department _____ Email _____
Last 4 Digits of Card # _____ Telephone _____

2 Spending Limit Information

Spending limit profiles are set as follow:

Monthly Credit Limit / Single Transaction Limit:
\$3,000 / \$1,000
\$5,000 / \$2,000
\$10,000 / \$3,000

For temporary increases, the limit will revert to the default limit on the next billing cycle.

Requested – Spending limit profile: _____ (subject to approval)

Please write business justification for the change and attach supporting documentation.

3 Approval Signatures

_____	_____	_____
Cardholder Name	Cardholder Signature	Date
_____	_____	_____
Administrator or Manager Name	Administrator or Manager Signature	Date

Please forward this signed request to the Card Administrator at PCardSupport@bcm.edu