



CARTHAGE
COLLEGE



**Carthage College
Purchasing Card Credit Increase Request**

Cardholder Contact information	
Name (Print First & Last)*	
Department Name*	
Cardholder's Title*	
Office Phone*	
E-mail Address*	
Default Cost Center (Dept) *	

Approver Contact information	
Name (Print First & Last) *	
Department Name*	
Approver Title*	
Office Phone*	
E-mail Address*	
Substantiate cardholder's need for a credit increase *	
Estimated monthly expenses that will be charged to card *	
Is it a temporary or permanent increase? If temporary, indicate when the card limit should be lowered or card deactivated	

*Required for processing

Signatures

Signature _____ Date _____
(Cardholder)

Approval _____ Date _____
(Cardholder Supervisor)

Approval _____ Date _____
(Vice President of Finance /Executive Officer)