

FLORIDA ATLANTIC UNIVERSITY PURCHASING CARD PROGRAM

Temporary Credit Increase

Please allow a 24 hour turnaround
(Maximum 30 days)*

Date: __ / __ / __

Action Requested Request short-term credit
increase (max 30 days) to
overall credit limit *

(Single purchase limits still
apply)

Cardholder Name: _____

New Overall Credit Limit: \$ _____ through the period ending: __ / __ / __ (max 30 days)

Default Workday SmartTag _____

Dean/Director/Chair Signature: _____

Signature on Default SmartTag: _____
(if other than Dean/Director/Chair)

*Accounts shall be in good standing at the time of this request (i.e., no unsettled transactions greater than 30 calendar days).

*Use Cardholder Profile Form if requesting a permanent credit increase and/or changes to the single transaction limit.

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Purchasing Card Administrator Approval: (Purchasing Dept.) _____