



PCard Modification Form

Temporary Increase
Permanent increase

Cardholder Information

Name: _____ Date _____
Printed Name Signature

Campus: _____ Department _____ Phone: _____ Email: _____

Last 6 digits of PCard _____ Banner Id: _____ FOAP: _____

Modifications Requested

Current **Single** purchase Limit: \$ _____ New Limit: \$ _____

Current **Monthly** purchase Limit: \$ _____ New Limit: \$ _____

Add Travel Services Yes No Add New FOAP: _____

Reason for modification:

Approvals

Supervisor

Printed Name Signature Date _____

Budget Manager

Printed Name Signature Date _____

VP of College Services or Associate Vice Chancellor or Vice Chancellor

Printed Name Signature Date _____

Forward the completed form to the Pcard Administrator at dst-pcard@alamo.edu.

For additional information or questions call Purchasing & Contract Administration at 210-485-0100

Pcard Use Only Notes:

