



DELAWARE STATE UNIVERSITY
DIVISION OF FINANCE
 SMITH ADMIN BLDG, 3RD FLOOR
 PHONE: 302.857.6200

Travel Card and Purchasing Card (P-Card) Credit Adjustment Request Form

Travel Card

P-Card

DSU ID#:	Last Four of Card Number:
First Name: <i>(type or print)</i>	Last Name: <i>(type or print)</i>
Business Phone:	Business E-mail:
Department Name:	Department Number:

Temporary: adjustment to credit limit for one billing cycle (not to exceed 30 days)

Permanent: adjustment to credit limit due to change in job responsibilities and/or funding source

Single Purchase Limit Increase: Temporary increase in single purchase limit to allow transaction to process

Increase by: \$ _____ Decrease by: _____ Close or Suspend Card

Reason for request: *(include dates, events, new position information, etc. For temporary Travel Card increases, please provide approved Travel Authorization form)*

***All grant-related requests must be approved by Restricted Funds Accounting**
****All requests greater than \$5,000 and less than \$25,000 must be approved by Accounting/Budget/ERM**
*****All requests in excess of \$25,000 must be approved by Sr. VP of Finance/COO**

Signatures

_____	_____	_____	_____
Cardholder Name (Printed)	(Position Title)	(Signature)	(Date)
_____	_____	_____	_____
Department Approval Name (Printed)		(Signature)	(Date)
_____	_____	_____	_____
Dean Approval Name (Printed) if over \$5,000		(Signature)	(Date)

Office Use Only

Card Admin Approval: _____ Finance Approval _____

RFA Approval: _____ COO Approval _____

Comments: _____
