



FERRIS STATE UNIVERSITY

Card Program Limit Change Form

Disbursements Office

This form should be completed to change the transaction or monthly limits.

When the form is completed, please scan and email to Disbursements@ferris.edu or fax to X-3902.

SECTION A (Current Card Information)

Name as it currently appears on card: _____

Last four digits of card number: _____

SECTION B (Limit Change)

Transaction [] Requested Limit \$ _____ Temporary [] Permanent []
Monthly [] Requested Limit \$ _____ Temporary [] Permanent []

*Transactions Limits above \$5000 will require an attached vendor invoice.

Temporary transaction limit changes are typically effective for two weeks; monthly limit changes thru the end of the current month, to allow sufficient time for the transaction to post.

If this change is to be effective for more than two weeks, please indicate termination date for the temporary change: _____

Business purpose for transaction:

[Empty box for business purpose]

SECTION C (Signatures) *Please allow 2-3 business days for processing

Requestor: _____ Date: _____

Cardholder: _____ Date: _____

Account Manager/Dean Approval (Please Print) _____

Account Manager/Dean Approval: _____ Date: _____

For Disbursements Office Use Only

Disbursements Approval _____

Works _____

Email _____

Date _____