



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 \_\_\_\_\_