



**P-Card Single Transaction Request
For \$25,000 and Greater**

Card Holder Name:		
Card Number:		
ASU Department:		
Agency/Org:		
Per Transaction Limit Increase Requested:		
<input type="checkbox"/> Permanent Increase <input type="checkbox"/> Temporary Increase est. date of purchase ____ / ____ / ____	Temporary single transaction increases will be in effect through estimated date of purchase. Monthly increases will be in effect through month-end unless otherwise directed.	
Purpose:		
Card Holder Name (Print)	Signature	Date

Card Holder E-Mail _____ Card Holder Fax Number _____

Dean/Director Name (Print) _____ Signature _____ Date _____

For Financial Services Only

Purchasing	Date
VP Name	Signature
	Date
Financial Services	Date
Sponsored Projects (Required if Sponsored Account)	Date

SEND COMPLETED REQUEST TO PURCHASING
 FAX 5-2234, MAIL CODE 5212, ATTN: Riki Meier
For questions, contact Riki Meier (5-7273)