

*Use of the PCard without prior approval for unallowable purchases, or in violation of the **PCard Guidelines**, may subject the cardholder to disciplinary action. The cardholder must obtain approval on this form from the Manager of Accounts Payable & Travel Services and the Director of Procurement Services **BEFORE** initiating a transaction.*

**CARDHOLDER:**

Describe the exception. Include all relevant details.

First Name	Last Name	Ext	Position	YSU Email Address
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Department	Last 4 digits of Card
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

**Increase to PCard or Travel Card limits:**

Current Limits	Requested Limits	Begin Date	End Date
<input style="width: 95%; height: 20px;" type="text"/> <small>transaction</small>	<input style="width: 95%; height: 20px;" type="text"/> <small>monthly</small>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

Permanent Increase  
 Temporary Increase

Signature	Date
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**FINANCIAL MANAGER/SUPERVISOR:**

First Name	Last Name	Ext	Position	YSU Email Address
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Recommend      Do Not Recommend

Signature	Date
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*Mail the form to Procurement Services, Room 2013, Jones Hall, fax to extension 3499, or email to [procure@ysu.edu](mailto:procure@ysu.edu). The form will be returned to the cardholder and financial manager/supervisor by email. If approved, the form should be attached to the PCard statement in Concur to support the transaction.*

**Manager of Accounts Payable & Travel Services**

APPROVE      DENY

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**Director of Procurement Services**

APPROVE      DENY

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

Financial Manager/Supervisor    Cardholder    Controllers Office