

VANDERBILT UNIVERSITY MEDICAL CENTER PAYMENT CARDS

PAYMENT CARD INCREASE APPLICATION

Select Type of Increase and card type

- Temporary increase Permanent increase
 Pcard T&E card

Card Information

Name on Card (Please Print) _____

Last 4 digits of your card _____

Date of Transaction _____

Vendor name (for temporary increase) _____

Provide details of why this increase is needed. Provide back up for the request (invoices, previous spending, etc)

PCard Credit Limits requested

Requested Single transaction limit: _____

Requested Monthly Limit (if applicable): _____

Card Holder Signature

Card Holder (Please Print) _____

Card Holder Signature _____

Date _____

Card Manager

Card Manager (Please Print) _____

Card Manager Signature _____

Date _____

Administrative Officer/ Department Administrator

Administrative Officer/Dept Administrator
(Please print name) _____

Administrative Officer/Dept Administrator Signature _____

Date _____

Privilege Approver

(as assigned in Privilege Management system)

Privilege Approver (Please Print) _____

Privilege Approver Signature _____

Date _____

Email completed application to the address below:

vumcpaymentcards@vumc.org