**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

form update 6/25/2021