



Finance & Administration Division, Controller's Office

**PNC Bank Travel Card Program**

**Controller**

**Limit Change Request Form**

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*PRINTED* Card Name (as it appears on Current Procurement Card)

Last 4 digits of Card #

College/Department

**Type of Change**

Limit Amount change (Check one box and include explanation below)

Permanent change

Temporary change, until

Monthly limit

\_\_\_\_\_   
 Current Limit

\_\_\_\_\_   
 NEW Limit Requested

For Travel use only	
_____	
Travel initials	Date

Why is change being requested?

**Authorized Signatures**

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*PRINTED* Name of Cardholder

Cardholder Signature

Date

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*PRINTED* Name of Approver

Approver Signature

Date

*Approver* - must be supervisor at least one level above cardholder.

Email completed form to [travel@rit.edu](mailto:travel@rit.edu) - subject line "Travel card limit change request form" w/ last 4 digits of card number.   
 If you have any questions, email [travel@rit.edu](mailto:travel@rit.edu).