## Request for TEMPORARY increase of Purchasing Card

Please complete this form and email to Purchasing@Washburn.edu Allow at least one business day for request to be completed.

Name:	Date:
Last 4 Digits of Card: Dep	partment:
Please increase Amount: \$	needed by
This increase will be in effect for 1 week unle	ess indicated here:
Reason for increase	
Best number to call if there are questions:	- <b>-</b>
Requestor Signature:	
Approval Signature:	
Approver's printed name:	<del></del>
\$	\$
Purchasing Office Use:	
Amount remaining on card:	
Raised daily limit to:	from to
Notified user(s): (Date & Initials)	<del>_</del>