



# Texas A&M University-Texarkana

## Travel Card Credit Limit Increase Request

Use this form to increase an existing cardholder's monthly credit limit for the University's travel card. Must provide a business purpose for having a limit exceeding \$1. Account manager's approval is required before

Cardholder Name: \_\_\_\_\_ Date: \_\_\_\_\_

Last 4 Digits of Travel Card: \_\_\_\_\_ Cardholder Email: \_\_\_\_\_

Requested Increase to Monthly Credit Limit (not to exceed \$2,500)

\$ \_\_\_\_\_

Temporary Increase      Date Range for Temporary Increase: \_\_\_\_\_

Business Purpose for Credit Increase

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Account Manager Name  
(Print/Type)

\_\_\_\_\_  
Department Account Manager Signature

\_\_\_\_\_  
Date