



386 E. Black Street  
P.O. Drawer 10072  
Rock Hill, SC 29731

T: (803) 981-1000  
F: (803) 981-1094  
[www.rockhillschools.com](http://www.rockhillschools.com)

## P-CARD DEVIATION REQUEST FORM

Request Date: \_\_\_\_\_

School or Department: \_\_\_\_\_

Requestor: \_\_\_\_\_ Last 4-Digits \_\_\_\_\_  
(Name as it should appear on Card)

Current Monthly Limit: \_\_\_\_\_

Increase Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Credit Limit Increase Amount:

\$2,500 \_\_\_\_\_ \$5,000 \_\_\_\_\_ \$10,000 \_\_\_\_\_ Other \$ \_\_\_\_\_

Explanation for increased credit limit:

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Please attach all supporting information for any STL limit increase. (i.e. quotes, sole source, contract number).

Single Transaction Limit (STL) Increase Amount:

\$5,000 \_\_\_\_\_ \$10,000 \_\_\_\_\_ Other \$ \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Explanation for increased single transaction limit:

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\*\*\*\*\*COMPLETED BY PROCUREMENT\*\*\*\*\*

Date Received: \_\_\_\_\_

\_\_\_\_\_  
Processor Signature

\_\_\_\_\_  
Date Processed