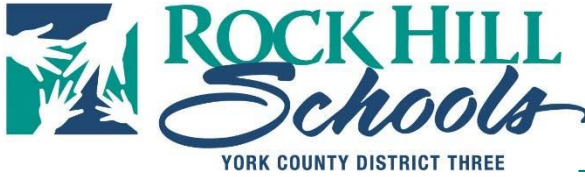


**P-CARD DEVIATION
REQUEST FORM**

Procurement Services
386 East Black Street
Rock Hill, SC 29730



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:

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:

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

Date Received: _____

Processor Signature

Date Processed