



REQUEST FOR PROCARD LIMIT ADJUSTMENT

Name on Card: _____ Lamar ID ("L" Number): _____

SSN: XXX-XX- _____ Lamar email: _____

Campus PO Box:

Campus Telephone: _____ Mobile Phone: _____

Department: _____

Budget Index Number: _____

Index Budget Manager Signature: _____ Date: _____

Index Approver Signature: _____ Date: _____

Name on Card Signature: _____ Date: _____

Brief Description of Adjustment Request: _____

ProCard Services Approved: Yes ___ No ___

ProCard Services Approval Signature: _____

Date: _____