University System of New Hampshire

Temporary PCard Change Request

Please note request will not be processed if PCard reconciliation is not current.

Cardholder Information

USNH Employee ID #

Cardholder Name

PCard Last Four Digits

Preferred Email Address

Preferred Phone Number

Start Date of the Request:

End Date of the Request:

**Note: request may only be through end of the current fiscal year.*

I am requesting a temporary exception to the PCard policy for:
(Check all that apply.)

- ☐ Increase in single purchase limit
  - Requested limit:
- ☐ Increase in monthly spending limit
  - Requested limit:
- ☐ Increase in number of transactions per day
  - Requested number:
- ☐ Increase in number of transactions per month
  - Requested number:
- ☐ Access to additional MCC (merchant category code)
- ☐ Alcohol purchase (in accordance with Policy 08 - 003 Alcohol)
- ☐ Flowers for gift purchase (in accordance with Policy 08 - 008 Awards, Gifts, Prizes)
- ☐ Gift cards in accordance with any related policy(ies)
- ☐ Other

Please describe below why the request(s) is/are needed and business purpose for the purchase(s).

Please confirm the following:

☐ **PCard holder attests PCard transaction reconciliation is current.**

Please note request will not be processed if PCard reconciliation is not current.

☐ **A copy of this form will be uploaded with related receipts upon transaction reconciliation.**

By signing and authorizing this request, I will purchase in accordance to any USNH policy(ies) and accept responsibility for its use.

Cardholder Signature | Printed Name/Title | Date

Cardholder Email

Direct Supervisor/Designee or Principal Investigator (PI) Authorization

I hereby authorize the request(s) on the above listed PCard.

Signature | Printed Name/Title | Date

Additional Elevated Signature, if Applicable

I hereby authorize the request(s) to the individual named above.

Signature | Printed Name/Title | Date

Submit signed request through a Source-to-Pay (S2P) Support Request

---

For USNH Procurement Services Use Only

Procurement Approval

Signature | Printed Name/Title | Date

Additional Notes/TDx Ticket Number