

# University System of New Hampshire

## Request for Temporary Change to Purchasing Card

**Current Card Type**      Standard-Individual  
                                 Travel-Individual  
                                 Abroad -Individual  
                                 Standard Plus-Department  
                                 Standard Plus-Individual

**Campus**                      Last four digit of your existing card

---

---

### Cardholder information

USNH ID #                      First name

Last name                                      Department Name

---

---

Start date of the exception:                       End date of the exception:

### I am requesting a temporary exception for: (Check all that apply)

- Increase in single purchase limit
- Increase in monthly spending limit
- Increase in number of transactions per day
- Increase in number of transactions per month
- Access to additional MCC

Requested single purchase limit	Requested number of transactions per month
Requested number of transactions per day	Requested monthly spending limit

