REQUEST TO INCREASE CARD LIMIT

Please completely fill in all blanks, obtain required signatures and submit to:

Business Department

Please print or type:

REQUESTOR: ______________________ Title: ______________________
DEPT: ______________ LOCATION: ______________ EXT: __________

PURPOSE FOR INCREASE (provide brief explanation):

________________________________________________________________
________________________________________________________________

ITEMS TO BE PURCHASED: ______________________

________________________________________________________________
________________________________________________________________

REQUESTED DOLLAR LIMIT:

Per Transaction Limit: $ _____________  [ ] permanent  [ ] temporary* (complete vendor info below)
Monthly Limit: $ _____________  [ ] permanent  [ ] temporary

*If temporary, provide date parameters: _____/_____/____ to _____/_____/____

VENDOR INFORMATION (if temporary per transaction limit):

Name: __________________________ Address: __________________________
City: ____________________________ State: ______ Zip: ______ Phone: __________ Fax: __________

BENEFIT TO SCHOOL, DISTRICT, OR DEPARTMENT:

________________________________________________________________
________________________________________________________________

________________________________________________________________

________________________________________________________________

Supervisor Signature ___________________________ Date ______________

Business Department Use Only:

Approved: __________________________ Date: ______________
Temp Trans Limit $ _______ Reset Date: ___/___/____ By: ____ Perm Trans Limit $ _____________
Temp Monthly Limit $ _______ Reset Date: ___/___/____ By: ____ Perm Monthly Limit $ _______
Date Processed: _____/_____/____ By: __________