



# Purchase Card Limit Change

This form is to be completed if the Purchase Card limits need to be changed.

<b>Cardholder's Name</b>							
<b>Last 8 Digits of the Card Number</b>							

## Limit Change

	Transaction	Existing Limit		Requested Limit		Temporary*
						Permanent
	Monthly	Existing Limit		Requested Limit		Temporary*
						Permanent

\*Temporary dates from \_\_\_\_/\_\_\_\_/20\_\_ to \_\_\_\_/\_\_\_\_/20\_\_

**Note** limit changes require at least 3-5 working days notice to effect the change.

## Reason for the change

Please provide detail of why the change is needed and business purpose of the transaction/s

	NAME	SIGNATURE	DATE
Cardholder			
<b>Cardholder's Supervisor</b> I support this request to increase the limits as above			
POSITION	NAME	SIGNATURE	DATE
<b>Cardholder's Executive</b> I support this request to increase the limits as above			
POSITION	NAME	SIGNATURE	DATE