



Card Name _____
Card # _____

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: _____