

**CREDIT LIMIT CHANGE FORM**

Name on Card: \_\_\_\_\_ Requesters Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Department: \_\_\_\_\_ E-mail: \_\_\_\_\_

Last four digits of purchase card number: \_\_\_\_\_ Company & Unit: \_\_\_\_\_

Current Limit: \_\_\_\_\_ Requested limit: \_\_\_\_\_

Reason for increase: \_\_\_\_\_

Permanent change  
Temporary change

Date needed: \_\_\_\_\_

End date (if temporary): \_\_\_\_\_

NOTE: If requesting a temporary change, we will decrease the limit after the statement close date following the end date listed above, so the balance will be paid before the limit decreases.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**[Signature(s) required for increase only]**

**Budget Manager Approval:** *(If cardholder is the budget manager, supervisor or division head signature require).*

**Printed Name**

**Signature**

**Date**

**Division Head Approval:** Required if limit increase is \$15,000 or greater.

**Printed Name**

**Signature**

**Date**

**Business Office Use Only:**

Changed by: \_\_\_\_\_ Notified \_\_\_\_\_ via \_\_\_\_\_ Date: \_\_\_\_\_

Temp Change ended by: \_\_\_\_\_ Notified \_\_\_\_\_ via \_\_\_\_\_ Date: \_\_\_\_\_