

# Purchasing Card Adjustment Request

This form is to be used in requesting any changes to a Purchasing Card. Changes must be clearly stated below and the form must be completed (including all signatures) before it is to be submitted to the Purchasing Card Coordinators.

Cardholder (print) \_\_\_\_\_

Department/Organization \_\_\_\_\_ Date \_\_\_\_\_

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## Permanent Change Requested (select all that apply)

Change Per Transaction Limit to: \_\_\_\_\_

\*Per transaction limit cannot exceed \$2,000

Change Monthly Limit to: \_\_\_\_\_

Change FOAPAL/Account to: \_\_\_\_\_

\*If a new card is needed with new department name on it, check here: \_\_\_\_\_

Allow "Closed" Vendors: \_\_\_\_\_

\*Non-travel Meal request must be accompanied by a written justification and have prior approval by both the Controller and the Director of Purchasing – see below

Other: \_\_\_\_\_

## Temporary Change Request (select all that apply)

\*Start Date: \_\_\_\_\_ Date card can be Closed/Lowered: \_\_\_\_\_

Change Per Transaction Limit to: \_\_\_\_\_

Change Monthly Limit to: \_\_\_\_\_

Allow "Closed" Vendors: \_\_\_\_\_

\* Justification must be provided for any adjustment request – either attach a written letter or use the space on the back side of this form for purpose of this request.

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## Approval Signatures:

Account Manager \_\_\_\_\_ Date \_\_\_\_\_

Purchasing Card Coordinator \_\_\_\_\_ Date \_\_\_\_\_

For Non-travel Meal Authorizations (signatures required)

Purchasing \_\_\_\_\_ Controller \_\_\_\_\_

