

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 _____

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.

Approval Signatures:

Account Manager _____ Date _____

Purchasing Card Coordinator _____ Date _____

For Non-travel Meal Authorizations (signatures required)

Purchasing _____ Controller _____

