



Request for Purchasing Card Limit Change

TO: Finance Department

FROM: (Department/Agency) _____

DATE: Full Name: (Print) _____

Employee number: _____

Individual Signature: _____

Title: Victim/ Witness Coordinator_____

Date: _____

Approving Department Director/Elected Official: _____

Title: _____

Date: _____

Reason for Limit Change Request: _____

For Finance Department use only:

Based on the cardholder's duties, the Purchasing Card Administrator will assign the purchasing card credit limit level which most closely fits this request.

Single Purchase Limit \$ _____
(Total purchase – may include multiple items)

Monthly Existing Limit \$ _____

Monthly Revised Limit \$ _____

Approved By: _____
Purchasing Card Administrator

Approved By: _____
Finance Director/Date

Approved By: _____
County Manager/Date

Processing date and initialed: _____