

Spending Limit Change Form

This form is to be completed if a PCard Cardholder wishes to request a change in their credit limit either temporarily or permanently. The Cardholder shall complete all fields and submit to their Expense Approver for approval. Policies and procedures may be updated at any time; a history of past approved changes may not dictate that similar requests will be approved in the future.

Cardholder Name: _____ Date of Request: _____

Phone: _____ Department: _____

Email: _____

Default Limits: Transaction: \$5,000 Monthly: \$15,000
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Current Limits:
Transaction: _____
Monthly: _____

Requested Credit Limits:
Transaction: _____
Monthly: _____

(Please check)

Is this request ___ permanent ___ temporary?

(If temporary, please provide requested dates)

Change start date: _____

Change end date: _____

Business justification for alternate credit limit: _____

Cardholder Signature: _____ Date: _____

PCard Expense Approver (Print): _____

PCard Expense Approver (Sign): _____ Date: _____

Send completed forms to: PCard@louisvilleky.gov

OMB Approval*
OMB PCard Office Approval: _____ Date: _____

*to be completed internally by OMB if monthly limit increase request is \$25,000 and above