

St. Norbert College

Expense Card Credit Limit Change Request

Today's Date: _____

Date of Change: _____

Check One:

☐

Permanent

Current Limit: \$ _____ Requested Limit: \$ _____

☐

Temporary

Current Limit: \$ _____ Requested Limit: \$ _____

Start Date: _____ End Date: _____

Business purpose for increase: _____

Cardholder Information

Last 4 Digits of Card: _____

Cardholder Name (printed): _____

Title: _____

Department Name: _____

Cardholder Signature: _____

Department Approval

Supervisor Full Name (printed): _____

Supervisor Title: _____

Supervisor Signature: _____

VP Signature: *(required for limits > \$5,000)* _____

For Office Use Only

Director of Accounting Services Approval:

(Required for limits between \$3,001 and \$5,000) _____

AVP for Financial Services Approval:

(Required for limits between \$5,001 and \$10,000) _____

VP for Business and Finance Approval:

(Required for limits greater than \$10,000) _____