

REQUEST FOR TEMPORARY PURCHASING CARD LIMIT INCREASE

Items 1 - 3 must be completed prior to submitting to the Purchasing Department
(Fax – 760-246-4201 or email of items 1-3 to the Purchasing/Accounting Tech is acceptable)

Account to Increase

Date: _____

Cardholder Name: _____ Signature: _____ Credit

Card Number (Last four digits): _____

Reason and Limits to Increase

Reason: _____ Single

Transaction Limit: \$ _____ 30-Day Limit: \$ _____

Date(s) to allow for processing of transaction(s): From: _____ To: _____

Authorizations

Approving Official: _____ Signature: _____

CBO or Superintendent: _____ Signature: _____

(must approve all Travel and Conference)

Purchasing/Accounting Tech _____

Processing – for Purchasing Department Use Only

Date of increase: _____ US Bank customer service rep: _____

Date of decrease: _____ US Bank customer service rep: _____

Approving Official: _____ Account Number: _____

Increase AO limit from: _____ to: _____ Decrease AO limit from: _____ to: _____