

EAST TENNESSEE STATE UNIVERSITY PROCUREMENT CARD PROGRAM

Credit Limit Change Form

TO: **Morgan Larimar**
PO Box 70729
Johnson City, TN 37614

FROM: _____
(Cardholder Name) (Last Four Digits of Card Number)

(INDEX Number) (Telephone No.)

I am requesting that the monthly spending limit for the procurement card identified above be increased/decreased from \$ _____ to \$ _____ for the following reason:

Permanent Increase Temporary Increase End Date _____

I understand that all other policies and procedures governing **East Tennessee State University** Department Procurement Card Program will remain in force, unchanged.

(Cardholder Signature) (Date)

(Department Head Signature) (Date)

(Grant or Foundation Signature if required) (Date)

Note: This request to change the monthly spending limits must be approved by the Department Head.