PURCHASING CARD

### **CREDIT LIMIT INCREASE REQUEST**

Cardholder Name 

P-Card Account Number 

Department Name 

Current Limit 

Requested New Limit 

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Cardholder Signature

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Chairman/Head/or Designee Signature:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date

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FORWARD TO:

Cheryl Allen-Lint

Director of Accounting

Central Carolina Technical College

Building 300

If you have any questions, please call 778-6694