SC Department of Disabilities and Special Needs

PURCHASING CARD CREDIT LIMIT CHANGE REQUEST

(This form is applicable to DDSN Regional Centers only)

Cardholder's Name: _____

Purchasing Card Account Number: _____

Division/Department: _____

Regional Bank Liaison: _____

Current Monthly Limit: $_____

Requested *New* Monthly Limit: $_____

Explanation for Request: _____

_____ _____

Signature (Cardholder) *Date*

_____ _____

Signature (Regional Finance Director) *Date*

FORWARD TO REGIONAL BANK LIAISON FOR REVIEW AND APPROVAL

_____ _____

Signature (Regional Bank Liaison) *Date*