

THE MTSU PURCHASING CARD PROGRAM

Monthly Spending Limit Change Form

TO: Melisa Warner, Campus Coordinator
Campus Box 18

FROM: _____
(Cardholder Name) _____
(Card Number)

(Account No.) _____
(Telephone No.)

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

I understand that all other policies and procedures governing the Purchasing Card Program will remain in force, unchanged.

(Cardholder Signature) _____
(Date)

(Approving Authority Signature) _____
(Date)

(Campus Coordinator Signature) _____
(Date)

Note: This request to change the monthly spending limits must be approved by both the Approving Authority and the Campus Coordinator.