



Temporary Change to Spending Limits Form

Please fill out the necessary fields and obtain the required signature of the Approver 1 or the Approver 2. If the request is for a given period of time, a reason must be provided as to why it is not practical to handle the request on a transaction by transaction basis. Please email the completed form to pcardadm@uga.edu for review. Please attach any supporting documentation, such as quotes. If the single transaction limit exceeds \$4,999 or the request is not for an approved exception to handle internally within Procurement the data will be transferred to the Special Approval Form, SPD-PC003, and forwarded to State Purchasing/OPB for approval. Please note limit increases may take several days to approve and turnaround, so please plan accordingly.

Cardholder Name _____ Last 4 Digits of Card _____

Department _____ Department # _____

Which Limit(s) needs to be increased?

Cycle (Credit) Limit Requested _____ Current _____

Single Transaction Requested _____ Current _____

Anticipated Date of Purchase (you may write ASAP if appropriate, or give a date range if cycle limit increase is requested).

Justification for Increase in Spending Limit (include details of what is being purchased and the business need for the purchase).

If request is for extended period versus a one-time purchase please provide end date. _____

Please provide Justification detailing why it is not practical to handle the request on a transaction by transaction basis:

Note: the below Approving Official must be the Approver 1, or Approver 2 for the Cardholder

Print name of the Approving Official _____

Signature of Approving Official _____

Title of Approving Official _____

FOR OFFICIAL USE ONLY BY PROCUREMENT			
Approved ___	Disapprove ___	By: _____	Title: _____
Reason: _____			