



Cal Poly Pomona Philanthropic Foundation

PURCHASING CARD CHANGE LIMITS FORM

TEMPORARY:

PERMANENT:

Period of temporary increase:

From (Date): _____

To (Date): _____

Purpose: _____

- ☐ This is a request to increase/decrease the **Single Transaction Limit** of the Purchasing Card from :

Original Limit \$ _____ to New Limit \$ _____

- ☐ This is a request to increase/decrease the **Monthly Transaction Limit** of the Purchasing Card from:

Original Limit \$ _____ to New Limit \$ _____

Cardholder's Name: _____

Account # (last 4 digits): _____

Philanthropic Project Number: _____

Cardholder's Signature: _____

Date: _____

Authorized Signature: _____

Date: _____

Chief Operating Officer Signature: _____

Foundation Approval Signature: _____

Date: _____

Completed CCER: _____