

THE UNIVERSITY OF TENNESSEE DEPARTMENTAL PROCUREMENT CARD PROGRAM

Spending Limit Change Form

TO: Ms. Susan Wilson, Program Administrator
301 Andy Holt Tower
Knoxville, Tennessee 37996-0100

FROM: _____
(Cardholder Name) (Last Four Digits of Card Number)

(Cost Ctr/WBS Number) (Telephone No.)

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

Permanent Increase Temporary Increase End Date _____

I understand that all other policies and procedures governing The University of Tennessee Department Procurement Card Program will remain in force, unchanged.

(Cardholder Signature) (Date)

(Department Head Signature) (Date)

(Business Officer's Signature) (Date)

Note: This request to change the monthly spending limits must be approved by both the Department Head and Campus Business Officer.