



REQUEST CHANGE TO PURCHASING CARD

Cardholder Name: _____

Date of Request: _____

Phone Number: _____

Last 4 Digits on Card: _____

Type of Change [Check the appropriate action]

- Temporary Monthly Increase:
Current Monthly Limit: _____ New Monthly Limit: _____
Start Date: _____ End Date: _____
Justification _____
Permanent Monthly Increase:
Current Monthly Limit: _____ New Monthly Limit: _____
Justification _____
Single Transaction Limit increase
Current Single Purchase Limit: _____ New Monthly Limit: _____
If temporary, Start Date: _____ Effective End Date: _____
What is being purchased? _____
Vendor Name: _____
How much is the transaction (including taxes/shipping, etc)? _____
Deactivate Card Reason: _____
Suspend Card Reason: _____
Reactivate Card Reason: _____
Other (explain): _____

Principal/Dept. Director Name: _____

Principal/Dept. Director Signature: _____

Return form to: Procurement@charlestoncountyschools.gov

Procurement Official Use Only

Request Approved by: _____

Request Completed by: _____

Date Completed: _____