



# The Southern Baptist Theological Seminary

## Request for Spending Limit Change

Please complete all blanks and fax form to Accounts Payable at 897-4202.

### Credit Card Information

Cardholder Name \_\_\_\_\_

Administrator's Name \_\_\_\_\_

Card Number (last 4 digits): \_\_\_\_\_

Department Name and Location: \_\_\_\_\_

Department Phone Number: \_\_\_\_\_

### Increase Requested

<b><u>Requested Spending Limits</u></b>	
_____ Single Transaction	_____ Monthly

### Justification/Explanation for the Requested Increase

### Nature of Increase Request

Permanent

Temporary\* (30 days or less)

\*If temporary, until what date (MM/DD/YYYY)? \_\_\_\_\_

### Required Signatures

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator's Signature

\_\_\_\_\_  
Date

### Internal Use Only

Date Received \_\_\_\_\_

Current Spending Limits \_\_\_\_\_ Single Transaction \_\_\_\_\_ Monthly Limit

Increase Approved/Declined \_\_\_\_\_

Reason for Decline \_\_\_\_\_

\_\_\_\_\_

Approved Spending Limits \_\_\_\_\_ Single Transaction \_\_\_\_\_ Monthly Limit