**CENTENARY COLLEGE OF LOUISIANA**

**CREDIT CARD CHANGE REQUEST**

**PLEASE PROCESS THE CHANGES BELOW FOR THE FOLLOWING EMPLOYEE:**

Employee: Title:

Department:

Last Four Digits of Current Card:

Current Credit Limit:

Change to be Made:

 Temporary Credit Limit Increase

 Increase Limit To:

 Date to Return to Original Credit Limit:

 Reason for the Credit Limit Increase:

 Permanent Credit Limit Increase

 Increase Limit To:

 Reason for the Credit Limit Increase:

 Permanent Credit Limit Decrease

 Decrease Limit To:

 Reason for the Credit Limit Decrease:

Approving Official/Title:

Division Head Approval:

**PLEASE RETURN THIS FORM TO THE OFFICE OF FINANCE AND ADMINSTRATION**

Employee’s Signature: Date:

Approving Official’s Signature: Date:

Approved by Finance and Administration: Date: