

**City of La Crosse
Purchasing Card Program
Staff Procurement Card Request and Change Form**

Requesting
Department _____

Date _____

Departmental
Staff Name (please print) _____

Please check all that apply

New _____

Update _____

Increase Transaction Limit to _____ transactions per month

Decrease Transaction Limit to _____ transactions per month

Increase Credit Limit to _____ per month

Decrease Credit Limit to _____ per month

Other (please explain) _____

Deactivate _____

Transfer _____

Termination _____

Other _____

Department Head Authorization

Signature _____ Date _____

Print Name _____

For Procurement Card Administrator(s) Use Only

Requested Changes Complete _____ Date/Time _____

Department Head Notified _____ Administrator _____