

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 _____