

CANYONS DISTRICT PURCHASING CARD TRANSACTION LIMIT CHANGE

USE THIS FOR CHANGE IN CREDIT LIMIT ONLY
COMPLETE ALL LINES

Card Information

Last Name – up to 20 characters

First Name – up to 12 characters

Canyons School District Information

School or Department

Address

City

Zip code

Work Telephone

Optional Telephone

E-mail Address

@canyonsdistrict.org

Default Accounting Code

\$ _____

Default Monthly Credit Limit

\$ _____

Default Single Transaction Limit

Detailed justification for change in credit limits:

(all increases are subject to review by the purchasing department)

AUTHORIZATION

Employee Signature

Date

**EMPLOYEE SHOULD ALREADY HAVE A
PCARD WHEN USING THIS FORM**

Supervisor's Signature

Date

* Please submit to Purchasing Department *

PURCHASING DEPARTMENT USE

Purchasing Department Approval

Date Approved

Date Entered