

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 ADMINISTRATION

Employee's Signature:

Date:

Approving Official's Signature:

Date:

Approved by Finance and Administration: _____

Date: _____