

INCREASE REQUEST FORM

CITY OF SAN ANGELO, TEXAS
PURCHASING DIVISION



PURCHASING CARD PROGRAM

Submit to sapurch@cosatx.us

PLEASE PRINT

Cardholder Name	Date (MM/DD/YYYY)
Cardholder Division / Department	
Last 6 Digits of Credit Card Number XXXX-XXXX-XX ____ - ____	

	Current Limits	Requested Limits
Single Transaction Limit	\$ _____	\$ _____
Monthly Credit Limit	\$ _____	\$ _____

Default single transaction limit is \$500 and monthly credit limit is \$2,000.

Effective dates	Start	End
<i>One year maximum.</i>	_____	_____

Reason for Increase

SIGNATURES

The undersigned parties understand that this card is only for City of San Angelo business purposes. All state statutes and City purchasing policies apply to each transaction.

Division Manager

Date

Department Director

Date

Purchasing Manager

Date

City Manager*

Date

**Required on changes exceeding \$5,000.00*

For Purchasing Use Only

INCREASED	DATE	DECREASED	DATE