

THE UNIVERSITY OF TENNESSEE DEPARTMENTAL PROCUREMENT CARD PROGRAM

Spending Limit Change Form

TO: Ms. Cindy Stockdale, Program Administrator  
301 Andy Holt Tower  
Knoxville, Tennessee 37996-0100

FROM: \_\_\_\_\_  
(Cardholder Name) (Card Number)  
\_\_\_\_\_  
(Cost Ctr/WBS Number) (Telephone No.)

I am requesting that the monthly spending limit for the procurement card identified above be increased/decreased from \$\_\_\_\_\_ to \$\_\_\_\_\_ for the following reason:

I understand that all other policies and procedures governing The University of Tennessee Department Procurement Card Program will remain in force, unchanged.

\_\_\_\_\_  
(Cardholder Signature) (Date)

\_\_\_\_\_  
(Department Head Signature) (Date)

\_\_\_\_\_  
(Business Officer's Signature) (Date)

**Note:** This request to change the monthly spending limits must be approved by both the Department Head and Campus Business Officer.