

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	
Credit Card Number XXXX-XXXX-XX ____ - ____ - ____	

	Current Limits	Requested Increase
Single Transaction Limit \$	_____	\$ _____
Monthly Credit Limit \$	_____	\$ _____
<i>Note: Default single transaction limit is \$500 and monthly credit limit is \$2000.</i>		
Effective dates	Start _____	End _____
<i>Request for a maximum of one year.</i>		
Reason for Increase		
<div style="border: 1px solid black; height: 60px;"></div>		

SIGNATURES

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