**About this form**

This form should be used to request a change to the monthly credit limit and/or the single transaction limit for either a University Traveller VISA Purchase Card or a Departmental VISA Purchase Card*.*

* The member of staff requesting the change should complete **Section 1**.
* The Head of Department / School or Director should then complete **Section 2**.
* The member of staff should retain a copy and forward the original to **Purchase Card Admin Team,** [**PCard@strath.ac.uk**](mailto:PCard@strath.ac.uk)

**Section 1: To be completed by Cardholder requesting a limit change**

* Cardholder details:

|  |  |
| --- | --- |
| *Name* |  |
| *Department* |  |
| *Telephone* |  |
| *E-Mail* |  |

* Card details:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Last 8 digits of card number* |  |  |  |  |  |  |  |  |  |

* Change requested

|  |  |
| --- | --- |
| *New single transaction limit requested (£)* |  |
| *New monthly credit limit requested (£)* |  |
| *Reason for change* |  |
|  |  |

|  |  |
| --- | --- |
| *Signature* | **SIGN HERE** |
| *Date* | **DD MM YYYY** |

**Section 2: To be completed by the Head of Department / School or Director**

* I approve this request for a change to the monthly credit limit and/or the single transaction limit for a University Purchase Card, in accordance with the *Departmental/University* *Traveller VISA Card Policy and Procedures.*

|  |  |
| --- | --- |
| *Name* | **PRINT NAME** |
| *Signature* | **SIGN HERE** |
| *Date* | **DD MM YYYY** |

**For Finance use**

|  |  |  |  |
| --- | --- | --- | --- |
| Received in Finance | **DD MM YYYY** |  | **INITIALS** |
| Requested forwarded to RBS | **DD MM YYYY** |  | **INITIALS** |
| Change confirmed by RBS | **DD MM YYYY** |  | **INITIALS** |
| Cardholder advised change effective | **DD MM YYYY** |  | **INITIALS** |