

Cardholder Limit Change Request

To be completed by the cardholder

Name:

Department:

Last 4 digits of card number:

Old Value(s)

New Value(s)

1. Dollars per Transaction

2. Dollars per Day

3. Dollars per Cycle

4. Transactions per Day

5. Transactions per Cycle

6. Include MCCs

(please attach MCC table)

(please attach MCC table)

7. Exclude MCCs

(please attach MCC table)

(please attach MCC table)

Reason for Change:

We believe that this change request is appropriate to the cardholder's job-related duties, and that changing the limits indicated above will enable the cardholder to make better use of the p-card in his/her duties.

Cardholder Signature and Date:

Department Director Signature and Date:

Program Administrator Signature and Date:

Fifth Third Bank: Please see attached MCC table (if applicable). Do not process this form unless all approvals and signatures are present. Contact 860-344-3465.