

**UNIVERSITY OF MAINE SYSTEM
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CARDHOLDER CREDIT LIMIT CHANGES**

Cardholder Name	Purchasing Card Number	Account Number	Max Monthly Spending Limit	Max \$ Amount per Transaction	Max Daily Spending Limit

I have reviewed and approved the credit limit changes for the account(s) listed above.

Supervisor Name: _____

Phone #: _____

Supervisor Signature: _____

Date: _____

Department Head Name: _____

Phone #: _____

Department Head Signature: _____

Date: _____

Program Administrator Name: _____

Phone #: _____

Program Administrator Signature: _____

Date: _____

CFO Name: _____

Phone #: _____

CFO Signature: _____

Date: _____

c: Cardholder(s), Cardholder Supervisor, and Person Responsible for Department Account