

THE DISTRICT SCHOOL BOARD OF PASCO COUNTY  
PURCHASING SERVICES DEPARTMENT

**REQUEST FOR CHANGE IN CREDIT LIMIT**

**Please send completed form to [pcards@pasco.k12.fl.us](mailto:pcards@pasco.k12.fl.us)**

<b>Cardholder Name:</b>	<b>Current Credit Limit:</b>

Please **increase** credit limit to:

Please **decrease** credit limit to:

**This change is:**

Temporary- Please indicate end date of this change:

-OR-

Permanent

If the request is an increase, please provide an explanation for the increase needed:

--------------------------------------

\_\_\_\_\_  
Cost Center Administrator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Completed by: (Purchasing Department)

\_\_\_\_\_  
Date