

Corporate Credit Card Increase Form

Please download and fill out the information below if you would like to increase your limit. Send the form to Manager/Dean to digitally sign for approval. Email completed form to finops@ontariotechu.ca.

Cardholder Full Name: _____

Cardholder Department: _____

Current Monthly Limit: _____

Requested Monthly Limit: _____

Current Single Transaction Limit: _____

Requested Single Transaction Limit: _____

Period of limit increase: from _____ to: _____

Explanation for the increase:

Cardholder Signature:

Approved By:

Cardholder

Dean/Manager

FOR FINANCE USE ONLY:

Finance Approval