

**Warner Pacific University
Credit Card Request/Change in Limit Request**

Date of Request _____

Person the card is for _____

Department & Position _____

Requested Credit Limit _____

Purchases to be made on the card/Reason for the change in limit:

Department Head Approval _____
Signature Date

Vice President Approval _____
Signature Date

President Approval _____
Signature Date

Credit limits of \$5,000 and greater require the President's approval

Finance Department Approval _____
Signature Date