Appendix E

District School Board
Ontario North East

Purchasing Card Change Request

Cardholder Name: _____

Location/School: _____

☐ **Change of Card Limits**

Monthly Limit	From: $	_____	To: $	_____
Single Transaction Limit	From: $	_____	To: $	_____

Effective Date _____

Expiry Date _____ (if temporary change)

☐ **Change of Cardholder Information**

New School/Department Name: _____

Address: _____

City: _____ Postal Code: _____ Telephone: (705) _____

New Position: _____

☐ **Cancellation of Card**

Change Approved by *Supervisor:*

Date: _____ Name: _____

Telephone: _____ Signature: _____

Card Coordinator Use Only

Date Received: _____ Date Processed: _____

Processed by: _____ Signature: _____