**Gold Card Limit Increase Request Form**

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| **Gold Cardholder Information** |
| Gold Cardholder Name:       |
| Agency Number: |       |
| Program Administrator: |       |
| Last 4 Digits of PCard: |       | Current Single Transaction Limit: |       | Current Monthly Credit Limit: |       |

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| **Request Spend Limit Increase: Permanent:**       **Temporary:**       |
| Per Transaction: |       | Per Month: |       |
| **Justification for Increase:** |
|       |
| Profile Return Date, if Temporary Increase:       |

Signatory Authority: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

(Signature from Cardinal Signatory Form)

PA Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

 **CCA Only**

**Please attach to CCA Permanent Limit or Temporary Increase Request Form (**[**https://cca.doa.virginia.gov**](https://cca.doa.virginia.gov)**)**

**Date Processed: \_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**