



## Gold Card Limit Increase Request Form

<b>Gold Cardholder Information</b>					
Gold Cardholder Name:					
Agency Number:					
Program Administrator:					
Last 4 Digits of PCard:		Current Single Transaction Limit:		Current Monthly Credit Limit:	

<b>Request Spend Limit Increase: Permanent:</b>		<b>Temporary:</b>	
Per Transaction:		Per Month:	
<b>Justification for Increase:</b>			
Profile Return Date, if Temporary Increase:			

Signatory Authority: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature from Cardinal Signatory Form)

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

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### CCA Only

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

Date Processed: \_\_\_\_\_

Signature: \_\_\_\_\_