

Gold Card Limit Increase Request Form

Gold Cardholder Information		
Gold Cardholder:		
Agency Number:		
Program Administrator:		
Last 4 digits of PCard:	Current single transaction limit:	Current monthly credit limit:

Request Spend Limit Increase		
Single Transaction Limit:		
Credit Limit:		
Justification for permanent increase:		

Signatory Authority: _____ Date: _____

(Signature from Cardinal Authorized Signatory Form)

PA Signature: _____ Date: _____

****All Gold Card Limit Requests must be added to Agency Annual Exception Request.****

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

CCA ONLY Date Processed: _____ Signature: _____