

Gold Card Limit Increase Request Form

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|------------------------------------|-----------------------------------|-------------------------------|
| Gold Cardholder Information | | |
| Gold Cardholder: | | |
| 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 |
| 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: _____