



## Baylor College of Medicine Travel/Corporate Card Spending Limit Change Request

Please indicate the type of request. Temporary Request \_\_\_\_\_ Permanent Request \_\_\_\_\_

### 1 Cardholder

Name \_\_\_\_\_ BCM Employee ID \_\_\_\_\_  
Department \_\_\_\_\_ Email \_\_\_\_\_  
Last 4 Digits of Card # \_\_\_\_\_ Telephone \_\_\_\_\_

### 2 Spending Limit Information

Spending limit profiles are set as follow:

|  |
|--|
| Monthly Credit Limit / Single Transaction Limit: |
| <b>\$1,000 / \$500</b>                           |
| <b>\$3,000 / \$1,000</b>                         |
| <b>\$5,000 / \$2,500</b>                         |
| <b>\$10,000 / \$3,500</b>                        |
| <b>\$15,000 / \$4,500</b>                        |

For temporary increases, the limit will revert to the default limit on the next billing cycle.

Requested – Spending limit profile: \_\_\_\_\_ (subject to approval)

Please write business justification for the change and attach supporting documentation.

### 3 Approval Signatures

\_\_\_\_\_  
Cardholder Name

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator or  
Manager Name

\_\_\_\_\_  
Administrator or  
Manager Signature

\_\_\_\_\_  
Date

Please forward this signed request to the Card Administrator at [cardadmin@bcm.edu](mailto:cardadmin@bcm.edu)