**Gold Card Limit Increase Request Form**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**