



Credit Card Limit Change

CC2

*This form is used to request a change to a cardholder's credit card limit/s.
This form should be typed rather than handwritten (apart from the signature fields).
Send the completed form to Accounts Payable by scanning it and emailing to cardhelp@unsw.edu.au.*

Cardholder's Details

Name _____ Employee ID _____

Email _____ Mobile _____

Faculty / Division _____ School/Dept _____

What is your Financial Delegation amount? _____

If you are unsure of your financial delegation amount please confirm it at myUNSW. You need to ensure you have equal or above the level of financial delegation before a credit card limit change can be applied.

Card Limits Requested

Current Per Transaction Limit _____ New Per Transaction Limit _____

Current Monthly Limit _____ New Monthly Limit _____

*Is this application temporary? _____ If temporary when will it expire? _____

** I.e., Leave Cover or temporary change in role and responsibilities.*

The per transaction limit cannot exceed your financial delegation. The standard limits are \$3,000 per transaction and \$10,000 per month.

Reason For Request

Reason _____

Approvals

Applicant's Name _____

EmplID _____ Date _____

Signature box with 'x' mark

Card Supervisor's Name _____

EmplID _____ Date _____

Signature box with 'x' mark

Approver's Name _____

EmplID _____ Date _____

Signature box with 'x' mark

The Approver must be the Head of the Faculty / Division to which the Applicant belongs.

Accounts Payable Use Only

Credit Card Controller _____

Date _____

AP Manager _____

Date _____