

## ATTACHMENT IV

### Cardholder Limits Exception Request Form Field Descriptions and Instructions

This form, part of it already completed, is to be signed by the senior manager or select exempt Manager, EMT member and forwarded to the Deputy Secretary for their approval. Approved form to be submitted to the DJJ PCPA.

**Effective Date** - Indicate the date the requested action is to be effective.

**Action Requested** (always include the cardholder's name and social security number on any of the following changes):

- ~**Increase** - check if you are requesting an increase in the single transaction, daily, or monthly dollar limits. Indicate both the current and proposed increased amounts.
- ~**Temporary Increase** - check if you are requesting a temporary increase in the single transaction, daily or monthly dollar limit(s). Indicate both the current and proposed temporary amounts.

**Cardholder Name:** Name as it appears on the Purchasing Card (first name, middle name or initial, last name).

**SSN:** Cardholder's social security number.

**Cardholder Information:** Indicate all elements of the cardholder's business information. Indicate the entire telephone number followed by the SC prefix for the number.

**Current Cardholder Authorization Controls:**

~**Current Single, Daily and Monthly Transaction Dollar Limits** – not to exceed \$1,000 unless previously approved for a higher limit

**Requested Increase in Cardholder Authorization Controls:**

- ~**Requested Single Transaction Dollar Limit** – cardholder's proposed single transaction limit
- ~**Requested Daily Dollar Limit** – cardholder's proposed limit for cumulative transaction dollar amounts for the period
- ~**Requested Monthly Dollar Limit** – cardholder's proposed limit for cumulative transaction dollar amounts for the period (not to exceed \$25,000)
- ~**Justification** – Provide justification for increase in cardholder's limits

**Temporary Increase in Current Cardholder Authorization Controls:**

- ~**Temporary Single Transaction Limit** – cardholder's proposed temporary single transaction limit
- ~**Temporary Daily Dollar Limit** - cardholder's proposed temporary limit for cumulative transaction dollar amounts for the period
- ~**Temporary Monthly Dollar Limit** – cardholder's proposed temporary limit for cumulative transaction dollar amounts for the period
- ~**Termination Date** – Date cardholder's temporary limits to be reset to current amounts
- ~**Justification** – Provide justification for temporary increase in cardholder's limits

~**Signatures/Dates** – Secure signature and approval date of appropriate EMT Member and Deputy Secretary

**FLORIDA PURCHASING CARD PROGRAM**  
**Cardholder Limits Exception Request**

ATTACHMENT IV

Revised 7/11/06

EFFECTIVE DATE: \_\_\_\_\_

ACTION REQUESTED:  Increase     Temporary Increase

<b>AGENCY NAME</b>	FI Dept. of Juvenile Justice		
<b>CARDHOLDER INFORMATION:</b>		<b>BUSINESS ADDRESS</b>	
<b>CARDHOLDER NAME ( 24 A/N)</b>		<b>BUSINESS ADDRESS</b>	
<b>SSN (9 N)</b>		<b>CITY, STATE</b>	
<b>DIVISION/OFFICE</b>		<b>ZIP</b>	
<b>BUREAU</b>		<b>PHONE</b>	SC
<b>SECTION</b>			Regular

<b>CURRENT CARDHOLDER AUTHORIZATION CONTROLS</b>	<b>REQUESTED INCREASE IN CARDHOLDER AUTHORIZATION CONTROLS</b>	<b>TEMPORARY INCREASE IN CARDHOLDER AUTHORIZATION CONTROLS</b>
Current Single Transaction Limit:	Requested Single Transaction Limit:	Temporary Single Transaction Limit:
Current Daily Dollar Amount:	Requested Daily Dollar Amount:	Temporary Daily Dollar Amount:
Current Monthly Dollar Amount:	Requested Monthly Dollar Amount:	Temporary Monthly Dollar Amount:
	Justification:	Termination Date:
		Justification:

<b>APPROVALS</b>	
Manager's Approval:	Date Approved:
EMT Member's Approval:	Date Approved:
Deputy Secretary Approval:	Date Approved:
DJJ PCPA Approval:	Date Approved:

**Copy:**    Originator  
              Operational Unit Pcard Liaison  
**Original:** Bureau of Finance and Accounting – DJJ PCPA