

**REQUEST FOR TEMPORARY/PERMANENT  
INCREASE IN MONTHLY SPENDING LIMIT**

Name (print): \_\_\_\_\_

Position: \_\_\_\_\_

Cost Center Name: \_\_\_\_\_

Cost Center Address: \_\_\_\_\_

\_\_\_\_\_

**Existing Monthly Amount** \$ \_\_\_\_\_

**Monthly Amount Requested** \$ \_\_\_\_\_

**Circle One:**    **Temporary Increase**            **Permanent Increase**

Temporary Increase Only: Effective Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Termination Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Permanent Increase: Effective Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for Request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Cost Center Administrator Approval

\_\_\_\_\_  
Director Approval \*\*

\*\* Note: After director approval forward to Supervisor of Finance

<b><u>Internal Use Only</u></b>	
_____	_____ Recommendation (Yes/No)
_____	_____ Finance Dept
Assistant Superintendent of Administration	Initial

