



Kenyon College

Limit Change Request Form



****This form Valid for limit change requests only****
 (Use Cardholder Information Change Request form for all other account changes)

Date _____ **Last 4 card #s** _____

Cardholder name _____

Department _____

Type of change Monthly Limit Transaction Limit Other
Length of Change Temporary Permanent

Existing information _____

Requested change and reason _____

Cardholder Signature _____ **Date** _____

Dept. Chair/Senior Staff Signature _____ **Date** _____

Finance Office and Program Administrator Use Only

Date Received _____ **Approved?** Yes No

Fiscal Acct. Signature _____

Date Approved _____

Date Contacted JPMC _____

Date Change Verified _____