COPPER MOUNTAIN COLLEGE

District Credit Card – Cardholder Modification/Cancellation Request

Date: _____

Administrator Name: _____

Cardholder Name: _____

Credit Limit Modification Request:

Current Credit Limit: $ _____

Increase ☐ Requested Limit: $ _____

Decrease ☐ Requested Limit: $ _____

Request to Cancel District Credit Card ☐

Justification:

Manager Authorization	
Manager Signature	Date

Return completed form to the Business Services Office.

Business Office Use Only

Completion Date: _____

Completed By: _____

New Credit Limit: $ _____
(If applicable)

Verification:

_____ _____

Meredith Plummer, Chief Business Officer Date