



THE UNIVERSITY OF NEW ENGLAND

CORPORATE VISA CARD

REQUEST FOR CREDIT LIMIT CHANGE

Complete, Scan & Email to: flexipurchase@une.edu.au

Cardholder Name:	
Cardholder Signature:	
Position:	
Position Classification:	
Current Monthly Limit:	

1. Credit Limit Change

I request the monthly credit limit for the University of New England Corporate Visa Card issued to me be increased/decreased (**please circle**) to \$ _____ for the following reason:

I understand that all policies and procedures governing the issue and use of the University of New England's Corporate Visa Card will be adhered to.

2. Authorisations

Authorisers Name:

Authorisers Title (HOS, Director):

Authorisers Signature:Date:

Director & Financial Controller

Signature:Date: