

**RETURN THE ORIGINAL SIGNED FORM VIA DISTRICT MAIL TO BOX 830
DO NOT FAX OR EMAIL**

CAL-CARD LIMIT INCREASE AND EXCEPTION REQUEST FORM

Please read carefully. Requests that do not follow these guidelines may be denied.

This form is used to request a change to the spending limit, or to request an exception to the Cal-Card Policy. Once the limit increase is processed, the cardholder/requester will receive an email communication from the Program Administrator that the request is complete.

Please do not purchase prohibited items during your limit increase term. Examples of prohibited items include **Field trip entrance fees/tickets, furniture/equipment/assets** valued at \$500 or more each, **computing devices** of any kind, **gifts, and gift cards**. For a complete listing of prohibited purchases, please refer to the Cal-Card Program Policy Manual.

Cardholder Name: _____ School/Dept: _____

Email: _____ @scusd.edu

Approver Name: _____ Approver Title: _____
(Instructional Assist. Superintendent for Principals / Assist. Superintendent or Cabinet Member for Department Directors/Managers)

Limit Increase and/or Exception Request Information

Current Single Purchase Limit: _____ Requested Single Purchase Limit: _____
Current Monthly Purchase Limit: _____ Requested Monthly Purchase Limit: _____

Increase End Date: _____

Explanation for Request: _____

Cardholder

Print Name _____ Signature _____ Date _____

Approver

Print Name _____ Signature _____ Date _____

This section for Administrator use only

Approved by Director of Accounting: _____ Date _____

Approved by Chief Business & Operations Officer: _____ Date _____

Increased by Program Administrator: _____ Date _____ Job ID _____