



Credit Limit Request Form

Cardholder's Name:

Last 4 digits of Card No.:

Agency Name and Number:

Type of Card: Client ☐ Admin ☐

Current Single Transaction Credit Limit:

Requested Single Transaction Credit Limit:

Current Credit Limit:

Requested Credit Limit:

Requested Until:

☐ Temporary (not to exceed 2 weeks)

☐ Permanent (spend analysis will be performed)

Business Justification (**please be as specific as possible**):



programadminspcc@dars.virginia.gov



<https://intranet/dsa/fiscal/spcctraininginfo.htm>



Bank of America Contact for Cardholders: 1(888) 449-2273 (24 hours/day/7 days/week)

Cardholder and Authorized Approver Acknowledgement:

I have read and understand the full scope of the temporary credit limit request and certify that all transactions will comply with its intended use as described in the justification.

I agree to: (1) maintain supporting documentation (Upload to BOA WORKS or DocFinity) (2) to reconcile monthly statements and (3) allocate charges appropriately in Bank of America Works.

All approved temporary credit limit request will be processed in accordance with established policies and procedures otherwise temporary credit limit may be suspended or revoked.

_____	_____	_____
Signature of Cardholder	Print Name	Date

_____	_____	_____
Signature of Supervisor	Print Name	Date

Allow 2 business days for processing.

For DARS Program Administrator Use Only

Date Request Received:

Date Updated in BOA Works:

☐

Denied

☐

Approved until _____

Current Profile:

New Profile:

Date Approval Shared with Cardholder:

Program Administrator Signature:



programadminspcc@dars.virginia.gov



<https://intranet/dsa/fiscal/spcctraininginfo.htm>



Bank of America Contact for Cardholders: 1(888) 449-2273 (24 hours/day/7 days/week)