University One Card Adjustment Form

COLORADO**SCHOOL**OF**MINES**
EARTH • ENERGY • ENVIRONMENT

Cardholder Information

Cardholder's Name: _____ Date: _____

Department: _____

Last 4 digits of One Card: _____ CWID: _____

Credit Limit Adjustment/Event Exception Request

Monthly Credit Limit: $_____ Single Item Limit: $_____ ____ check here if Permanent

(Maximum $20,000 without Controller's approval)   (Maximum amount $4,999)

Dates for increase: Start Date: _____ End Date: _____

____ Check if requesting an Event Exception

Dates for Event Exception Request: Start Date: _____ End Date: _____

Controller's signature is required below to exceed the maximum limits and/or if requesting Event Exception.

Please justify reason if exceeding maximum Credit Limits or Event Exception:

Please check items below if requesting Event Exception and alcohol will be served

____I acknowledge that I have read the **Institutional Alcohol Policy**

____I acknowledge I have read the **Student Alcohol Policy** and have completed the steps to secure approval to serve alcohol (if applicable)

Department/Default Index /Direct Supervisor Changes

New Department: _____ Default Index: _____

New Direct Supervisor: _____

Direct Supervisor's Title: _____

Effective Date of Change: _____

Cardholder Acknowledgment & Certification of Signature

I hereby acknowledge that all transactions completed as a result of these changes are still subject to audit and must comply with all Colorado School of Mines **Financial Policies** and **Procurement Policy and Procedures** as well as all One Card Credit Card Policies. I understand that disregard of these rules will result in Violation Points or possible termination of the One Card account.

Cardholder Signature _____ Date _____

Direct Supervisor Signature _____ Date _____

Controller's Signature _____ Date _____
    (if required)

Revised Sep. 2020