

**ARMY CONTRACTING COMMAND - ROCK ISLAND  
GOVERNMENT PURCHASE CARD PROGRAM  
CARDHOLDER INCREASED DOLLAR THRESHOLD REQUEST**  
*(To be used in conjunction with ACC-RI Regulation 715-1)*

**CARDHOLDER INFORMATION**

**NAME (LAST, FIRST, MI):**

**TITLE/RANK:**

**ORGANIZATION:**

**ADDRESS:**

**PHONE (COMM):**

**DSN:**

**EMAIL ADDRESS:**

**PURCHASE LIMIT**

**INCREASE CARDHOLDER SINGLE PURCHASE LIMIT TO:**

**\$**

**PERMANENT**

**TEMPORARY NTE:**

**INCREASE CARDHOLDER MONTHLY PURCHASE LIMIT TO:**

**\$**

**PERMANENT**

**TEMPORARY NTE:**

**JUSTIFICATION FOR INCREASED SPENDING LEVELS**

**BILLING OFFICIAL APPROVAL**

**NAME (LAST, FIRST, MI):**

**TITLE/RANK:**

**PHONE (COMM):**

**DSN:**

**OFFICE SYMBOL:**

**SIGNATURE:**

**DATE:**

**RESOURCE MANAGEMENT**

**CONCUR (ROUTE BACK TO AOPC)**

**NONCONCUR (ROUTE BACK TO APPROVING OFFICIAL)**

**NAME (LAST, FIRST, MI):**

**SIGNATURE:**

**DATE:**