

# P-CARD LIMIT CHANGE REQUEST FORM



Send Completed form to [P-CardTeam@Kingcounty.gov](mailto:P-CardTeam@Kingcounty.gov)

P-Card Holder's Name:  Department/Division

Last 4 digits of P-Card:

Date requested:

Use of P-Card must be for legitimate business purposes Only as authorized through [CON 7-16-2 \(EP\)](#) and compliant with procurement and contracting requirements. Card purchases must align with King County's competitive procurement requirements. Change request must be deemed necessary for a Cardholder's ongoing business needs.

Temp	Perm	CHANGE REQUESTED	CURRENT AMOUNT	NEW AMOUNT
		Single Purchase Limit Increase		
		Monthly Cycle Limit Increase		
Other:				

If temporarily: Start Date:  End Date:

Reason for change:

**Procurement Method(s) to be used:**

- Contract Purchase Agreement: \_\_\_\_\_
- 3 Quote: \_\_\_\_\_
- Waiver #: \_\_\_\_\_
- Emergency Proclamation #: \_\_\_\_\_
- Exempt Purchase: \_\_\_\_\_

**Supplier Business Classifications:**

- King County Certified Small Contractor and Supplier (SCS)
- Disadvantaged Business Enterprise
- Minority Owned
- Veteran Owned
- Woman Owned

**I've reviewed and approved the above change request:**

*P-Card holder:*

*Print Name*

*Signature*

*P-Card Coordinator:*

*Print Name*

*Signature*

*Department Supervisor/Manager:*

*Print Name*

*Signature*