

CREDIT CARD EXCEPTION REQUEST-COVID-19

Procurement Services Division

All exception requests are subject to approval by the Credit Card Program. If approval is granted, the requesting site agrees to provide receipts and account statements upon request.

Request Date		School/Office		Location Code		
Mark the office with administrative oversight:						
<input type="checkbox"/> Office-Non-school	<input type="checkbox"/> LD N.E.	<input type="checkbox"/> LD N.W.	<input type="checkbox"/> LD East	<input type="checkbox"/> LD West	<input type="checkbox"/> LD Central	<input type="checkbox"/> LD South
Cardholder First Name		Cardholder Last Name		Employee ID		
Cardholder Phone #		Cardholder E-mail		Approving Official Name		
Type of Request: CYCLE LIMIT INCREASE SINGLE PURCHASE INCREASE MCC FORCED AUTHORIZATION OTHER : _____			Prohibited uses: <ul style="list-style-type: none"> This exception does not include the purchase of items for personal use. Failure to comply may result in cancellation of the card, personal liability and/or disciplinary action. 			
Card Type:	<input type="checkbox"/> P-Card 1500	<input type="checkbox"/> P-Card 3000	<input type="checkbox"/> Travel Card (T-Card)	<input type="checkbox"/> Other _____		
Please provide a detailed explanation for the requested exception along with supporting documentation (i.e., quote, invoice, field trip approval form, ATRN).						
Funding Source (to be used for this purchase):	GL:	Fund:	Functional Area:	Cost Center:		
Cardholder Signature				Date		
Approving Official or Site Admin. Name			Phone #	Approving Official or Site Admin Employee ID		
Approving Official or Site Admin. Signature				Date		
Director (or above) Signature/Approval Required for ship to emp. home _____ Date: _____						
<i>Do not write below this line</i>						
<ul style="list-style-type: none"> Approve Disapprove 	Comments:		Action Taken	Exp. Date		
Credit Card Program Manager or Designee Signature				Date		

Scan and Email to your Credit Card Program Representative