



Agency/College/University Official Name: _____ Company Number: _____

Pcard Program Travel Card Program

Phone Number: _____

Email: _____

Agency Program Administrator: _____

Describe Exception Request for Approval and Justification for Need: (If necessary attach an additional page)

Restricted MCC: _____

Agency MCC Group Name: _____

Single Transaction Dollar Limit: _____

Reason for Increase: _____

Please specify the time for which you are requesting the exception.

One-time override (List MCC Code, if applicable, Override in Exception Above)

Permanently

From _____ 20____ To _____ 20____

The undersigned, duly authorized to sign on behalf of the state entity named herein, for the purpose of requesting an exception to the Statewide Card Policy, does hereby affirm that the requested exception is necessary. Further, in the event this exception is approved, I understand it does not relieve said state entity of its legal responsibilities to ensure that all issues associated with this request will be in compliance with all applicable purchasing rules, regulations, PPM49, statues, and executive orders.

Signature of Agency Program Administrator

Date

This request is hereby:

Approved

Denied

Comments: _____

Office of State Travel

Date