Procurement and Business Services

P-Card Exception Approval Form

Department Name: _____

Last 4 Digits of Card #: _____

Transaction Date: _____

Transaction Amount: _____

Exception Requested by: _____

Department Head Approval:_____ Date:_____

- -

Provide in detail an explanation of the exception requested associated with this P-Card purchase:

_____

_____

_____

_____

_____

_____
Delegate's Signature

- -

P-Card Administrator Approval:_____ Date:_____

Instructions:
This form should be completed for any P-Card exceptions. Add additional pages if needed and attach. This form and all documentation should be emailed shsupcard@shsu.edu to the P-Card Administrator for approval before the transaction is made.

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