



State of Louisiana
Office of State Purchasing
And Travel

ATTACHMENT F

REQUEST FOR EXCEPTION TO
STATE TRAVEL CARD AND
CBA POLICY/PROCEDURES

Mail To: State Purchasing and Travel Office
Post Office Box 94095
Baton Rouge, LA 70804-9095
Attn: Shelita Woods

OR

Fax To: 225-342-5019
Attn: Shelita Woods

Agency/College/University Official Name: _____

Telephone: _____

Fax: _____

Agency Program Administrator: _____

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

Cite specific paragraph(s) of State T-Card/CBA Procedure and/or Guideline related to the exception:

Please specify the time period 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 State Purchasing Travel Card/CBA procedures, 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 Program Administrator

Date

This request is hereby: ___ Approved ___ Denied

Comments: _____

State Purchasing & Travel

Date