



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

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

Telephone: _____ Fax: _____

Agency Program Administrator: _____

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

Transaction Limit Exception: _____

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 State 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 Travel Date