



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