

3 X U F K D V L Q J & D U G Exception Request Form

Complete this form to request an exception to the transaction limit or to request an exception to purchase a restricted item or from a restricted vendor. ' P S N T X J U I P V U T V G G J D J F O U K V T U J G J D B U J P O X J M M O P U C F B C

Cardholder Name:	Cardholder Department:	Last 4 digits of the PCard:
Dept/Proj/Grant ID:	Vendor name:	

Transaction Limit Exception Request

Single Transaction Dollar Limit

Monthly Transaction Dollar Limit

Increase to |

Reason for Transaction Limit Increase:
(please include the amount requested)

Purchase Exception Request

Restricted Vendor Exception

Restricted Purchase Exception

Signature of Approver:

Date

1 \$ B S E " E N J O 4 J H O B U V S F

Date

\$ P N N F O U T