



SUL ROSS STATE UNIVERSITY

A Member of The Texas State University System

Procurement and Business Services

P-Card Exception Approval Form

Department Name: _____

Account Manager Name: _____

Last 4 Digits of Card #: _____

Transaction Date: _____

Transaction Amount: _____

Exception Requested by: _____
(Delegate's/Cardholder's Name)

Account Manager Approval: _____ **Date:** _____
Signature

P-Card Administrator Approval: _____ **Date:** _____
Signature

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

Delegate's/Cardholder's Signature

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 to srsupcard@shsu.edu for approval **before the transaction is made.**