

CL and SPL Exception Request Form

Please complete this form to request exceptions to default monthly (cycle) and single purchasing transaction limits. Once completed, attach a separate detailed justification and submit your request via Concur Request.

CARDHOLDER INFORMATION

Cardholder Name: _____ Card Number Suffix: _____ Employee ID: _____
Telephone No.: _____ Date Effective: _____ Mail Code: _____

CYCLE LIMIT AND SINGLE TRANSACTION EXCEPTION REQUESTS

Cycle Limit: _____ Enter Amount: _____
Single Transaction Limit: _____ Enter Amount: _____

DEPARTMENT APPROVALS

Cardholder:

Signature Printed Name Date

Procurement Card Department Administrator:

Signature Printed Name Date

MSO or Business Officer:

Signature Printed Name Date

BUSINESS AND FINANCIAL SERVICES APPROVALS

*Requests above \$20,000 threshold must be forwarded to Procurement Director for approval/signature.

Todd Adams _____ Date:

Approving Official Signature/Purchasing Manager

REQUEST DENIED

Reason for Denial:

Todd Adams:

Signature Date:

**MAINTAIN FILE COPY IN DEPARTMENT
SUBMIT VIA CONCUR REQUEST**