

Sam Houston State University
P-Card Exception Approval Form

Transaction Date: _____

Department Name: _____

Charge Amount: _____

Exception Requested by: _____
Delegate's Name

Last Eight (8) Digits of Card #: _____

Department Head Approval: _____
Signature

P-Card Coordinator Approval: _____
Signature

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

Delegate'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 faxed or emailed to the P-Card Coordinator for approval before the transaction is made.