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|  |  |  **Request for Exception to Purchase Card Procedures** |

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| Agency request for an exception to a specific procedure in the State of Oklahoma Policy and Procedures for Purchase Card issued by the Office of Management and Enterprise Services. Email completed form to: pcard@omes.ok.govForms submitted with missing information will be returned to the agency P-card Administrator for correction. |
|  | Agency Name: |       Agency #: | Agency # |       |
| 2.  | Name of cardholder to make payment: |  | Last 4 digits of card # |       |
|   | (if applicable) |  |  (if applicable) |
|  3. | Telephone: |       | Single transaction amount: |       |
|  |  |  | (if applicable) |  |
|  4. | State Agency Appointing Authority: |       |
|  5. | State Agency Purchase Card Administrator: |       |
|  6. | Blocked MCC (if applicable):  |  |

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| 7. | Describe Exception Requested for Approval and Justification for Need:       |
|  | (If necessary, attach additional page, on agency letterhead, to provide justification.) |

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| 8. | Cite specific paragraph(s) of the State of Oklahoma Policy and Procedures for Purchase Card requesting an exception from:       |

1. Please specify the time period for which you are requesting the exception **not to exceed one year (12 months)**.

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|  | Exception period requested: from |       |  | 20   | to |       |  | 20   |

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| Signature of Agency Appointing Authority |  | Date |
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| Signature of Agency Purchase Card Administrator  |  | Date |

The undersigned, duly authorized to sign on behalf of the state entity named herein, for the purpose of requesting an exception to the above referenced procedures, 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 responsibility to comply with all applicable laws and administrative rules.

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| This request is hereby: | □ Approved | □ Denied | for the period of: |  | to |  |  |
| Comments: |  |
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|  |  |  |  |  |
|  | Authorized Approver |  | Date |  |