

P-Card Exception Request

Cardholder Name:

Cardholder Department:

Last 4 digits of Credit Card#:

Submit form five days prior to the date needed to:

BGSU Purchasing
Huntington Building
1851 N. Research Drive
Ph: 419-372-8411
Fax: 419-372-8416
E-mail: purchasing@bgsu.edu

Provide a description of the P-Card exception that is being requested. Include as much information as possible including the type of purchase, the amount, and the reason that the exception is needed.

Transaction/Monthly Limit Increase

Monthly limit (\$15,000) increase to:

Single transaction limit (\$3,500) increase to:

Daily number of transactions (12) increase to:

Date(s) of Exception:

Transaction Description

Enter the purchase that is needed and the business purpose for this purchase.

Vendor Name/Type of Vendor or Category:

Business Purpose:

Does an invoice or quote exist for this transaction? Yes No

(If Yes was selected, please include any applicable quote(s) or invoice(s) with this exception form)

