

Bowling Green State University

P-card Exception Request

Return form to:
Purchasing Card Administrator
103 Park Ave.
Ph: 419-372-8595
Fax: 419-372-8416
E-mail: tlcoss@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. If any or all of this needed increase is for equipment whose cost exceeds \$3,500 be sure to submit the related paperwork and receipt to: Financial Accounting, Fax 2-8600. This will ensure that it is properly identified as a fixed asset.

Allowance for restricted vendor(s)/other

Dates request effective: _____

Cardholder Signature: _____ Last four digits of p-card number: _____

Card Manager Signature: _____

Departmental Budget Administrator Name (Print): _____

Departmental Budget Administrator Signature: _____

To be completed by Purchasing Dept.

Date: _____ Approval by: _____