

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: 419-372-8395
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)

RESTRICTIONS

Faculty/staff who are traveling with and responsible for students may be included in group meals but will need to pay out of pocket and request a reimbursement for meals that do not include students. If your meals are included in the group rate, be sure that you do not include these expenses when requesting reimbursement for other travel expenses.

RECORD KEEPING AND STATEMENT RECONCILIATION

Documentation must be obtained for all purchases. This documentation must contain the following information:

- A list of each item that was purchased and the dollar amount for each of these items.
- The total amount that matches the total in Chrome River for the transaction.
- The vendor name.
- The date of purchase.

I understand the limitations and requirements for the exception. Furthermore, I understand that noncompliance and/or misuse of the allowances may result in my pcard being revoked and/or these allowances being revoked.

Cardholder Signature Date

Budget Administrator Printed Name

Budget Administrator Signature Date

Senior Administrator Printed Name

Senior Administrator Signature Date
(Required for payments from \$9,999-\$49,999)

Business Operations Signature Date
(Required for payments over \$50,000)

Purchasing Approval (interoffice use only) Date