

## **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:
<b>Transaction Description</b> 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 (Required for payments from \$9,999-\$49,999)	Date
		Business Operations Signature (Required for payments over \$50,000)	Date