



P-Card Exception Request

PDF is fillable. Incomplete or illegible forms will be returned.
Contact Card Services Coordinator at pcard@sfasu.edu or 936-468-4353 for assistance.

Cardholder Details

Department Name: _____

Cardholder Name: _____

Transaction Details

Vendor: _____

Transaction Date: _____ Total: _____

Explanation

Please provide a detailed explanation for the need of an exception.

Note: Additional information may be requested.

**Proposed FOP: F _____ O _____ P _____

**Proposed FOP – Review SFA Fund Guidelines and Gift Prizes and Awards HOP 05-104 for appropriate funds for allowable expenses

Cardholder Signature

Date

For Procurement office use only:

Approved by: _____

Date: _____