PROCUREMENT CARD USE EXCEPTION REQUEST CONTRACT

Washington State University Accounts Payable, Card Services P.O. Box 641020 Pullman, WA 99164-1020

See BPPM 70.08 for instructions.

IMPORTANT: Transaction may not occur before exception is approved.

CARDHOLDER INFORMATION (REQUIRED)						
CARDHOLDER NAME					LAST FOUR DIGITS OF CARD #	
	cc	ONTRACT USE	EXCEPTION REQUE	ST		
Complete all applicable fields be	elow.					
DATE EXCEPTION REQUESTED	FUNDING	SOURCE (Project	Program Gift Grant Cost C	enter)	WSU CONTRA	CT NO.
CONTRACT PURPOSE					CONTRACT TO	OTAL VALUE
	PR	OCUREMENT CA	ARD CHARGE INFORMATI	ON		
MERCHANT NAME						
ITEM(S) DESCRIPTION						
QUANTITY		UNIT PRICE		TOTAL AMOUNT		
	J	USTIFICATION F	OR EXCEPTION TO POLIC	:Y		
Who reviewed the terms and condition				•		
Who with delegated authority to sign	the contract	s will be signing this	contract? (See delegates list a	t contracts.ws	u.edu/Delegatel	_ist)
Why is it necessary to make this cont	ract purchas	se with a procureme	nt card?			
My signature below certifies that I		=	, ,		e as requeste	
DEPARTMENT NAME		COST CTR./CCH	CARDHOLDER SIGNATURE			DATE
AREA FINANCE OFFICER NAME	١	WSU ID NO.	AREA FINANCE OFFICER S	SIGNATURE		DATE

Completed form <u>must</u> be uploaded to Workday along with transaction documents.