ATTACHMENT F

Agency/College/University Official Name: Company Number: Telephone: Fax: AgencyProgram Administrator: Fax: DescribeException Requestfor Approval and Justification for Need: (If necessaryattach additiona)	URES
AgencyProgram Administrator: DescribeExceptionRequestfor Approval and Justification for Need:(If necessaryattach additiona	
DescribeExceptionRequestfor Approval and Justification for Need:(If necessaryattach additiona	
	al page)
Transaction L	
Pleasespecify the time for which you are requesting the exception.	
One time override (List MCCCode, ifapplicable, Override in Exception Above)	
Permanently	
From20 To20	

The undersigned, duly authorized to sign on behalf of the state entity named herein, for the purpose of requesting an exception to the StateTravel Card/CBAprocedures, does herebyaffirm that the requested exception is necessary. Further, in the event this exception is approved, I understand it does not relieve said state entity of its legal responsibilities to ensure that all issues associated with this request will be in compliance with all applicable purchasing rules,