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|  |  | **Request for Exception to Purchase Card or State Travel**  **Procedures** |

To: State Purchasing Director, Central Purchasing, Office of Management and Enterprise Services

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| 5005 N. Lincoln Blvd., Suite 100 | | | | | | |  | | | Oklahoma City, OK 73105 | | |
|  | | Exception to: | | | Purchase Card | | |  | | | | State Travel | |  | | | | |  |
|  | | State Entity Name/Number: | | | |  | | | | | | | | | | | |
| 2. | | | Address: | |  | | | | | | | | | | | | |
| 3. | | | Telephone: | | |  | | | | Fax: | | |  | | | |
| 4. | | | State Entity Appointing Authority: | | | | | |  | | | | | | | | | | |
| 5. | | | State Entity Purchase Card Administrator: | | | | | | | |  | | | | | | | | |

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| 6. | Describe Exception Requested for Approval and Justification for Need: |
|  | (If necessary, attach additional page, on agency letterhead, to provide justification.) |

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| 7. | Cite specific paragraph(s) of specific procedures (State Travel or Purchase Card) related to the exception: |

1. Please specify the time period for which you are requesting the exception. Do not exceed one year.

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|  | Exception period requested: from |  |  | 20 | to |  |  | 20 |

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| --- | --- | --- |
|  |  |  |
| Signature of Appointing Authority |  | Date |
|  |  |  |
| Signature of Entity Travel Arranger (if applicable) |  | Date |
|  |  |  |
| Signature of Purchase Card Administrator (if applicable) |  | Date |

The undersigned, duly authorized to sign on behalf of the state entity named herein, for the purpose of requesting an exception to the above referenced procedures, does hereby affirm 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 responsibility to comply with all applicable laws and administrative rules.

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| This request is hereby: | | | □ Approved | □ Denied | for the period of: | |  | | to |  | |  |
| Comments: | |  | | | | | | | | | | |
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|  | | | | | | | | | | |
|  |  | | | | |  | |  | | |  | |
|  | Authorized Approver | | | | |  | | Date | | | |  |

Email completed form to: [pcard@omes.ok.gov](mailto:pcard@omes.ok.gov)