



PROCUREMENT CARD SINGLE PURCHASE TRANSACTION LIMIT OVERRIDE REQUEST

Cardholder Information

Cardholder: _____ Date: _____

Department Head: _____ Index: _____

Purchase Information

Please provide information about the purchase you wish to place. Include an invoice or supplementary documentation.

Vendor: _____

Item(s): _____

Quantity: _____

Total Amount: _____ Over \$2,500 ☐ Over \$10,000 and < \$100,000 ☐

Justification: Fair and Reasonable ☐ Contract ☐ Emergency Other: ☐ _____

Purchase Date: _____

List Assets over \$5,000: _____

Cardholder/ Dept. Head/VP Signatures

Cardholder Signature *Date*

Department Head Signature *Date*

VP Signature (required for all transactions that exceed \$10,000) *Date*

Procurement Approval

☐ Approved ☐ Denied

Vendor Contract Number _____

P-Card Administrator Signature *Date*

State Fiscal Accountability Authority (SFAA) approval Date & Time (for all transactions that exceed \$10,000)
Attach copy of e-mail to form