

# PROCUREMENT CARD WAIVER REQUEST

**SUBMIT ONE WAIVER PER EVENT**

**DATE(S) OF EVENT**

**PROPOSED VENDOR (if unknown, enter TBD, if more than one, enter various)**

**JUSTIFICATION / EXPLANATION FOR PURCHASE**

**PROCUREMENT CARD ACCOUNT INFORMATION**

Account Name	Cardholder's Name	
Department	Cardholder's Email Address	
XXXX - XXXX - XXXX - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Phone Number   Fax Number	
Procurement Card Number (last 4 digits)		
Fund	Cost Center	Internal Order/WBS/Grant

**ACCOUNT MANAGER AND CARDHOLDER AUTHORIZATION**

By requesting this waiver the undersigned Account Manager and the Cardholder certify their knowledge of, and intent to follow, all Texas State policies and procedures related to this waiver; as well as to provide all documentation required to make the purchase. Further, the undersigned acknowledges their understanding that purchase must be in accordance with all applicable funding source requirements, and that the Cardholder may be held personally liable for any expenditure that does not conform to applicable Federal, State, and/or University policies and procedures. Please review UPPS 03.01.03 "Purchase of Alcohol, Awards, Flowers, Food, or Refreshments" and TSUS Regent's Rules and Regulations Chapter III, Section 6.8 before making any waiver related purchases.

Account Manager Signature (May not be the same as the cardholder)	Date
Account Manager's Printed Name	
OSP Signature (Grant Use Only)	Date
OSP's Printed Name	
Cardholder Signature	Date

**\*\*\*\*PROCUREMENT AND STRATEGIC SOURCING USE ONLY\*\*\*\***

<input type="checkbox"/> Approved	_____	_____
<input type="checkbox"/> Denied	Date	Office of Procurement and Strategic Sourcing Signature