

PROCUREMENT CARD WAIVER REQUEST

Purchasing Office • Procurement Card Program



DATES REQUESTED

_____ TO _____
Dates Valid

TYPE OF WAIVER

FOOD
FLOWERS
OTHER: _____

REASON FOR WAIVER

PROCUREMENT CARD ACCOUNT INFORMATION

Account Name	Cardholder's Name	
Department	Cardholder's Email Address	
XXXX - XXXX - XXXX - Procurement Card Number (last 4 digits)	Phone Number Fax Number	
Fund	Cost Center	Internal Order

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 University 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 Food, Refreshments, or Achievement Awards" and TSUS Regent's Rules and Regulations Chapter III, Section 6.8 before making any waiver related purchases.

Account Manager Signature	Date
OSP Signature (Grant Use Only)	Date
Cardholder Signature	Date

When complete, return this form to the Purchasing Office by FAX at (512)245-2393. For assistance with this form, contact the Purchasing Office at (512)245-2521.

******PURCHASING USE ONLY******

<input type="checkbox"/> Approved	_____	_____
<input type="checkbox"/> Denied	Date	Purchasing Office Signature