State of Louisiana Office of State Travel REQUESTFOR EXCEPTION TO STATE TRAVEL CARD AND CBA POLICY/PROCEDURES

Agency/College/University Official Name:			Company Number <u>:</u>	
Telephone:			Fav.	
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AgencyProgram Ad	ministrator:			
DescribeException	Requestfor Approva	l and Justificat	ionfor Need:(If neces	ssaryattach additional page)
Transaction L				
Pleasespecify the tir	me for which you are	requesting th	exception.	
One tie m	e override (List MCC	Code, ifappli	cable,Override in Exc	eptionAbove)
Permar	nently			
From	20	To	20	

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/CBA procedures, 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,