

Card Program Exception Authorization Form

Disbursements Office

This form is to be used to obtain the proper authorization to purchase something normally prohibited on the University issued Cards. A separate form must be completed for EACH card. When the form is completed please scan & email to Disbursements@ferris.edu or fax to X-3902.

| SECTION A (Card Information) | |
|---|---|
| Name as it appears on card: | |
| Last four digits of card number: | |
| SECTION B (Exception Description) | |
| What is it that you are requesting to purchase with your Card? | |
| | |
| Is this a one-time purchase? | |
| If no, how often will you be using your Card for these types of purchases? This form will be applicable for of 30th) and must be renewed and resubmitted at the beginning of every Fiscal Year. | ne Fiscal Year (July 1 st – June |
| | |
| Justification/description of exception: | |
| | |
| | |
| | |
| SECTION C (Signatures) | |
| Cardholder (Please print): | Date: |
| Cardholder Signature: | Date: |
| Account Manager/Dean Approval (Please Print) | |
| Account Manager/Dean Approval Signature: | Date: |

For Disbursements Office Use Only

| Purchasing Approval | Disbursements Approval | Date |
|---------------------|------------------------|------|
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