

State of Louisiana  
Office of State Travel

REQUEST FOR EXCEPTION TO  
STATE TRAVEL CARD AND  
CBA POLICY/PROCEDURES

Agency/College/University Official Name: \_\_\_\_\_ Company Number: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Agency Program Administrator: \_\_\_\_\_

Describe Exception Request for Approval and Justification for Need: (If necessary attach additional page)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Transaction L

\_\_\_\_\_  
\_\_\_\_\_

Please specify the time for which you are requesting the exception.

One ~~time~~ override (List MCC Code, if applicable, Override in Exception Above)

Permanently

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 State Travel Card/CBA procedures, does hereby affirm 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,