Angelo State University
ProCard Exception Approval Form

Transaction Date: _________________________

Department Name: _________________________________

Charge Amount: ________________________________

Exception Requested by: ________________________________ (Individual’s Name)

Last Eight (4) Digits of Card #: __________________________

Approved by Program Administrator (date): _________________________________

Provide in detail an explanation of the exception requested associated with this ProCard purchase:

____________________________________

Signature of Cardholder or Requester