

SUPPORTING DOCUMENTATION EXCEPTION FORM

Procard User Name: _____ Dept. Account No.: _____

Procard Account No.: _____ (Last 6 digits) Date: _____

1. Vendor Name and Address: _____

City _____ State _____ Zip Code _____

2. Vendor Telephone No.: _____

3. Vendor Contact Name: _____

Quantity	Item Description	Unit Cost	Extended Cost	Shipping/Delivery Charges	Total Cost	Date Received

Explanation:

Cardholder Signature _____ Date _____