

# Indiana University Procurement Card Processing Exception to Policy Form

Cardholder Name \_\_\_\_\_ Statement Date \_\_\_\_\_.

Department \_\_\_\_\_ Procard Account # \_\_\_\_\_.

Transaction Description \_\_\_\_\_ Trans Date \_\_\_\_\_ Amount \_\_\_\_\_.  
(Use the Description on the statement)

Nature of Issue     Receipt         Tax         Other  
(Mark One)

Description of the Issue
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Good Faith Effort Made to Resolve the Issue
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Required Signatures:

\_\_\_\_\_  
Card Holder's Signature – Date

\_\_\_\_\_  
Fiscal Officer Signature – Date

\_\_\_\_\_  
Accounts Payable Manager - Date