



Exception Request Form

FOR ALL EXCEPTIONS, EXCLUDING SPENDING LIMIT REQUESTS *

I. INSTRUCTIONS

Exception requests may be submitted by designated heads when there is a need for deviation from standard procedures or guidelines. These requests are typically reviewed on a case-by-case basis. This form ensures that the request is being made by an authorized individual within the agency and confirms the legitimacy of the request.

PLEASE NOTE: If this request is related to account spending limits, **DO NOT USE THIS FORM**. Refer to the correct [FORM HERE](#) *

II. REQUEST DETAILS

Agency Name:		Phone Number:	
Account Type:			
Accountholder Name:		Account Last 4:	
Describe Request & Provide Justification:			

Time Period Requested for Exception Duration	One-Time Override	Permanently	From:	Period
				—

III. ADDITIONAL DOCUMENTATION - UPLOAD CENTER

To assist with the processing and determination for your agency's request, please feel free to upload additional documentation with your submission by using the 'Attach Document(s)' button.



NOTE: Attached files must be in [PDF](#) format.

IV. SIGNATURE APPROVAL

As the designated approver/supervisor of the referenced account holder, I am duly authorized to sign on behalf of the state entity named herein, for the purpose of requesting an exception to the State Purchasing and Travel Card policies & procedures, and can hereby affirm that the requested exception serves a necessary business purpose in the best interest of the State of Louisiana.

Further, in the event this exception is approved, I understand it does not relieve said state entity of its legal responsibilities to ensure that any transaction(s) that are associated with this request are/will be in compliance with all applicable purchasing rules, regulations, PPM49, statues and executive orders.

Supervisor/Approver Signature:		Date:	
Job Title:			

V. SUBMISSION

Is Additional Documentation Attached:	YES	NO	
Please use the 'Submit' button to send your agency's request for processing:			