**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**