

Waiver to UA ProCard Procedures

Instructions: Complete the top half of this form and submit it to your Procurement Card Administrator for the review process.

Department Requesting Waiver _____ for _____
Cardholder Name

Explain, in detail, what ProCard procedure(s) you are requesting be waived and why it is needed.

Waiver type: Temporary Temporary Period: From _____ through _____
 Permanent

Requested By: _____
Printed Name Signature Date

Dept. Approval: _____
Printed Name Signature Date

Review Process

Comments/recommendations on this request.

Conditions placed on the department for this waiver.

Waiver Approved / Denied

ProCard Administrator: _____
Printed Name Signature Date

Cardholder Agreement to Conditions: _____
Printed Name Signature Date

Department Agreement to Conditions: _____
Printed Name Signature Date

If approved, a copy of this form MUST be kept with the cardholders log and associated transaction(s).