

SUPPORTING DOCUMENTATION EXCEPTION FORM

Procard User Name _____ Dept. Account No. _____

Procard Account No. _____ Date _____

Charge was made during the following billing statement: _____ (month & year)

1.	Vendor Name and Address: _____ _____ _____
2.	Vendor Telephone No.: _____
3.	Vendor Contact Name: _____

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

Explanation for no receipt: _____

