



State of Louisiana
Louisiana Department of Health
Office of the Secretary

Louisiana Department of Health
Request for Exception to LDH LaCarte Policy/Procures

Agency Name: _____

Agency Contact (Requestor): _____

Phone: _____

Email: _____

Describe Exception Request for Approval and Justification for Need:

Complete (as applicable)

Transaction Limit Exception: _____

Single Transaction Dollar Limit: _____

Reason(s) for increase: _____

Specify the timeframe for which you are requesting an exception.

_____ One-time override (List MCC Code, if applicable, override in Exception Request above)

_____ From _____, 20____ to _____, 20____

The undersigned, duly authorized to sign on behalf of the state entity named herein, for the purpose of requesting an exception to the State Travel Card/CBA procedures, does hereby affirm that the requested exception is necessary. Further, in the event this exception is approved, I understand it does not relieve said state entity of its legal responsibilities to ensure that all issues associated with this request will be in compliance with all applicable purchasing rules, regulations, PPM49, statutes and executive orders.

Signature of Agency Contact (Requestor):

_____ Date: _____

For OMF Use Only:

This request is hereby: _____ Approved _____ Denied

Comments:

P-Card Program Administrator Signature: _____

Date: _____