



**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, statues 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: \_\_\_\_\_