



# STATE OF GEORGIA PURCHASING CARD PROGRAM Special Approval Request Form

Use the "Tab" key to navigate through the form fields.

**Instructions for Agency/Institution Card Program Administrator:**

1. Enter Agency/Institution name and date of request
2. Complete either Section I **OR** Section II **OR** Section III
  - a. Complete Section I, Merchant Category Code Authorizations, for any exceptions related to authorized Merchant Category Codes
  - b. Complete Section II, Spending Limits, for any exceptions to established Single Transaction or Cycle Limits
  - c. Complete Section III, Other Exceptions for any other exception to the State Purchasing Card Policy
  - d. Click Approval boxes once internal procedures for approval have been followed
3. Save the file in Word format only and send via email to: [Pcard@doas.ga.gov](mailto:Pcard@doas.ga.gov)

**Agency/Institution Name: GA VALDOSTA STATE UNIVERSITY**  
**Date of Request:**

**Section I: Request to (click all that apply):**

- Create new MCC group                     
  Activate blocked MCC                     
  Create Group and activate MCC

Indicate the MCC and the description for up to five MCCs to include. If more than five MCCs, attach additional Excel spreadsheet or Word document showing number and description.

**Name of New Group:** \_\_\_\_\_

**MCC:** \_\_\_\_\_ **Description:** \_\_\_\_\_

**MCC:** \_\_\_\_\_ **Description:** \_\_\_\_\_

**MCC:** \_\_\_\_\_ **Description:** \_\_\_\_\_

**MCC:** \_\_\_\_\_ **Description:** \_\_\_\_\_

**MCC:** \_\_\_\_\_ **Description:** \_\_\_\_\_

Temporary – Indicate beginning and ending dates: \_\_\_\_\_ through \_\_\_\_\_

Permanent

**Justification (limit 500 characters and spaces):**

**Section II: Spending Limits:**

Cardholders can receive approval for one or more of the following spending limit exceptions. Click the box next to each spending limit exception requested, enter the desired levels, and justify the request below.

- Cycle Limit >= \$10,000 (enter desired level): \_\_\_\_\_
- Single Transaction Limit >= \$5,000 (enter desired level): \_\_\_\_\_

**Contract Vendor Name(s):** \_\_\_\_\_  
**Contract Number(s) if Applicable:** \_\_\_\_\_  
**Average Cycle Spend for Last Six Months:** \_\_\_\_\_ (Required)  
**Justification for increased spending limits (limit 500 characters and spaces):**

**Section III: Other Exceptions to Statewide Policy:**

- Fleet Repair & Maintenance  Purchase of Food (other than Policy-approved)
- Purchase of other goods or services prohibited by State policy  Other Policy Exception

**Justification for  
Policy Exception:**

**Cardholder(s):** \_\_\_\_\_

**Approvals:** By clicking on the check boxes below, we certify that we have obtained the approval for this request from the person(s) shown.

Department Head: \_\_\_\_\_

Approved:  Yes

Other Approval (if required internally): \_\_\_\_\_

Approved:  Yes

Program Administrator: [Anna Marie Priest](#)

Approved:  Yes

FOR OFFICIAL USE ONLY		
<input type="checkbox"/> <b>Approved</b>	<input type="checkbox"/> <b>Denied</b>	<input type="checkbox"/> <b>Conditional Approval</b>
<b>Reason:</b>		
<b>By:</b>		<b>Title:</b>
<b>Date:</b>		