

**Indiana University
FMS - Procurement Card Processing
Exception to Policy Form**

Cardholder Name _____ Statement Date _____

Department _____ P-card (**unique identifier**) # _____

Transaction Description _____ Trans. Date _____ Amount _____
(Use the description on the statement)

Nature of the Issue Receipt Tax Other
(Mark one)

Description of the Issue (include detailed itemization if issue is receipt)

Good Faith Effort Made to Resolve the Issue (document communication and any FIS document number (e.g. CR for reimbursements, PCDO for tax refund))

Required Signatures:

Card Holder's Signature – Date

Fiscal Officer Signature – Date

Accounts Payable Manager - Date