

This form must be completed and submitted to your OSP Analyst when authorization is being requested to use the P-Card to purchase any items or services on the Restricted Purchase or Prohibited List. This form must be approved by your OSP Analyst and the P-Card Administrator prior to purchasing the item.

I. Cardholder Information

Cardholder Name: _____	Today's Date: _____
Email Address: _____	Account Number: _____
Phone Number: _____	Mail Code: _____

II. Explanation

Please explain why you would like to purchase an item on the Restricted or Prohibited List:

III. Signature

By signing below, I approve and authorize the purchase of the item(s) requested above.

Cardholder Signature: _____	Date: _____
OSP Analyst: _____	Date: _____
Pcard Admin: _____	Date: _____