



# Stephen F. Austin State University T-Card Exception Approval Form

Transaction Date: \_\_\_\_\_ Charge Amount: \$ \_\_\_\_\_

Department Name: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Phone: \_\_\_\_\_

SFA Username: \_\_\_\_\_ Last Eight (8) Digits of Card #: \_\_\_\_\_

Provide in detail an explanation of the exception requested associated with this T-Card purchase:

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**Cardholder/Requester Signature**

\_\_\_\_\_  
**Cardholder/Requester Print Name**

\_\_\_\_\_  
**T-Card Coordinator Approval**

\_\_\_\_\_  
**Date**

*This form should be completed for any T-card exceptions. Add additional pages if needed and attach. This form and all documentation should be faxed or e-mailed to the T-Card Coordinator, Lynnette Honea, for approval before the transaction is made. Fax #2207 or e-mail to [lahonea@sfasu.edu](mailto:lahonea@sfasu.edu).*