



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:

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 e-mailed to the Card Service Coordinator for approval before the transaction is made. E-mail to traveldesks@sfasu.edu.