



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

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

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

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

SFA Username: \_\_\_\_\_ Last four (4) Digits of Card #: \_\_\_\_\_

Approved Travel Request ID# \_\_\_\_\_

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 faxed or e-mailed to the Card Program Coordinator Stephanie Campbell at [Stephanie.Campbell@sfasu.edu](mailto:Stephanie.Campbell@sfasu.edu) for approval before the transaction is made.*