



**Procurement Services
Small Purchasing Charge Card (SPCC)
Request for Restriction Removal**

Cardholder Information

Cardholder Name: _____ Last 4 Digits of Card Number: _____

Department: _____ Budget Code(s): _____

Temporary Exception Period: _____

Purchase Information

Estimated Date of Purchase	Estimated Dollar Amount (\$)	Reason for Purchase/Justification

It shall not be used to pay for other business travel expenses, including but not limited to car rental, checked baggage fees, shuttles or taxi services. I certify by my signature below my understanding of the appropriate use of the exception.

Certification Statement

I certify by my signature below my understanding of the appropriate use of the exception.

Signature of Cardholder: _____

Date: _____

Supervisor (print name): _____

Signature of Supervisor: _____

Date: _____

*Please return completed and signed form to the University's PCard Program Administrator:
Vicki Nichole Lewis
Procurement Services
700 Park Ave. H.B. Wilson, Suite 150
Norfolk, Virginia 23504
Fax number – 757-823-8975*