



## P-Card Policy Waiver Form

DEPARTMENT \_\_\_\_\_

EMPLOYEE/TITLE \_\_\_\_\_

DATE \_\_\_\_\_

VENDOR \_\_\_\_\_

(1) *Description of purchase to be made:*

\_\_\_\_\_  
\_\_\_\_\_

(2) *Amount of purchase:* \_\_\_\_\_

(3) *Reason for above purchase:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(4) I have reviewed the Purchasing and/or P-Card Policies of the Seminary and understand the guidelines set forth therein pertaining to the above-described purchase. I agree to adhere to the guidelines when making future purchases.

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

*(Signature)*

*For internal use only:*

Approved \_\_\_\_\_

Disapproved \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

*(Controller)*

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

*(Vice President of Business Services)*