TEMPORARY SPECIAL APPROVAL REQUEST FORM

State of Georgia Purchasing Card Program

THIS FORM CAN ONLY BE SUBMITTED TO DOAS BY THE STATE ENTITY CARD PROGRAM ADMINISTRATOR.

INSTRUCTIONS FOR STATE ENTITY CARD PROGRAM ADMINISTRATOR

1. Enter your State Entity name and the date of request.
2. Enter the name(s) of the cardholder(s) for whom the exception(s) will apply.
3. Complete one or more of the following sections:

Section I	Single Transaction or Cycle Limit Increases
Section II	Other Policy Exceptions
Section III	MCC Codes and MCC Groups
Section IV	Specific Use Accounts

4. Click "Approval" boxes once internal procedures for approval are completed. Save the file in Word format only and, if appropriate, based on policy requirements, restrictions or other needs, send via email to cardprograms@doas.ga.gov.

Note: If this is for a limit request below the STL and CL requirements shown in the Statewide Purchasing Card Policy ("The Policy"), the administrator has the authority to temporarily approve increases up to the thresholds and guidelines provided in The Policy section on Cardholder Spending Limits and Utilization. This form must be retained as part of documentation records.

Approval from DOAS must be obtained in writing before proceeding with the request.

State Entity Name

Date of Request

Cardholder(s)

Section I: Spending Limits

Cardholder(s) can receive approval for one or more of the following spending limit exceptions. Complete the information for each spending limit exception requested by entering the current and desired levels and justifying the request in the space provided. All approved temporary limit changes must be returned to their previously assigned limit according to The Policy, unless otherwise approved. You must list the anticipated transaction date and, for cycle limit increases, the requested cycle limit end date as applicable. Please note, the cycle limit end date should match the end of a cycle. For example, if the end of the cycle that you are requesting is on May 27, it should say 05/27/20xx.

BEGIN AND END DATE OF INCREASE

Anticipated Transaction Date	Requested STL Increase End Date	Requested CL Increase End Date

SPENDING LIMIT EXCEPTION OR CHANGE	CURRENT AMOUNT	TEMPORARY AMOUNT	JUSTIFICATION (ATTACH SUPPORTING DOCUMENTATION IF POSSIBLE)
Single Transaction Limit (SPD must approve any STL increase above $4,999.99)			
Cycle Limit (SPD must approve any CL increase above $24,999.99)			

ADDITIONAL COMMENTS FOR SPENDING LIMIT REQUESTS:

Section II: Other Exceptions to Statewide Policy

☐	Fleet Repair & Maintenance
☐	Purchase of other goods or services prohibited by State policy (**NOTE**: SPD cannot grant approval for the purchase of items prohibited by the *Official Code of Georgia, Annotated*, § 50-5-83.)

JUSTIFICATION FOR POLICY EXCEPTION:

Section III: Merchant Category Codes

Indicate the type of request being made, the name of the new or existing MCC Group the change is being requested for, MCC Code(s), MCC Description(s), the indication of temporary or permanent request, and justification for the request. If adding a group with more than 5 MCCs, attach an additional Excel spreadsheet or Word document showing the number and description of each. State Purchasing Division will work with Bank of America to create the new group, if applicable, and have it assigned to your available groups in Works Payment Manager.

☐	Requesting approval for a restricted MCC or MCCs to be added to an already existing group
☐	Adding a group of approved MCC codes
☐	Adding a group of MCC codes that may contain codes for which approval is being requested.

Name of Group (if the request is for a new group or to add an MCC to an existing group)

MCC: [   ] Description: [   ]

MCC: [   ] Description: [   ]

MCC:		**Description:**	
MCC:		**Description:**	
MCC:		**Description:**	

☐	Temporary – Indicate beginning and ending dates:		Through	
☐	Permanent			

JUSTIFICATION (LIMIT 500 CHARACTERS AND SPACES):

Section IV: Specific Use Account

Indicate below if this is a temporary or permanent account request. If temporary, include the dates for the request. Include a detailed description of the requested account and justification for the request in the spaces below.

Name of Cardholder

☐	Temporary – Indicate beginning and ending dates:		Through	
☐	Permanent			

JUSTIFICATION (LIMIT 500 CHARACTERS AND SPACES):

APPROVALS

By clicking on the check boxes below, we certify that we have obtained the approval for this request from the person(s) shown.

	Approved: ☐ Yes
Supervisor's Name	
	Approved: ☐ Yes
APO/CUPO Name	
	Approved: ☐ Yes
Program Administrator	

FOR SPD USE ONLY

☐ **Approved** ☐ **Denied** ☐ **Conditional Approval**

Reason for Denial or Conditions for Approval:

DOAS		**Title**
Date		