

System Exception Request Form

Requesting Department	
Department Code	
Requesting Individual	

Department Head Signature: _____ Date: _____
Organizational CFAO Signature: _____ Date: _____

Justification for Exception

Describe Hardware to be used: (use additional sheet if needed)

Detail Software to be used: (use additional sheet if needed)

Third Party Provider Information: (use additional sheet if needed)

Security Measures Provided: (use additional sheet if needed)

Web Based Gateway to be used:

Settlement Process:

Reconciliation Process to UCRFS and Reports Available:

System Oversight: Individuals and Their Job Title

1.	Title:
2.	Title:
3.	Title:

Future usage for this system:

For Campus Credit Card Coordinator Use Only

Date Received	Campus Credit Card Coordinator Signature	Approved	Date Approved
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments			