

# T-Card Exception Request

**Note: Exceptions may only be considered for review prior to the purchase/transaction being transacted. Post purchase exception requests will not be processed.**

**Instructions:**

The original form must be completed and forwarded to the Department Card Manager (DCM) for processing and retention. The DCM will scan and email the completed form to UPAY Card Services for processing.

For questions please call UPAY Card Services at 217-244-9300 or 800-260-9113, or E-mail: [cco@uillinois.edu](mailto:cco@uillinois.edu).

Date \_\_\_\_\_ Org Code: \_\_\_\_\_  
Department Name \_\_\_\_\_  
Department Contact \_\_\_\_\_  
Campus Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ MailCode \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ E-mail \_\_\_\_\_

Provide a description of the T-Card exception that is being requested. Include as much information as possible including the type of purchase, the amount and the reason that the exception is needed. Attach an additional sheet for comments and backup documentation if needed. (Field length is limited to the visible area - approximately 1500 characters.)

**Approvals: (Approval of the Department Head is required for all exception requests.)**

**Cardholder** UIN \_\_\_\_\_  
Name (Print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Department Card Manager** UIN \_\_\_\_\_  
Name (Print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Department Head** UIN \_\_\_\_\_  
Name (Print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**OBFS Approvals (OBFS use only)**

OBFS Name (Print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
OBFS Name (Print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
OBFS Name (Print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_