Exhibit D

State of Georgia
Purchasing Card Program
CARDHOLDER SPECIAL APPROVAL REQUEST FORM

Entity:

Check the appropriate box for the type of approval requested and justify purchase below:

☐ **Purchase - Greater than $5,000**

☐ **Purchase – Exception to State Purchasing Card Policy**

☐ **Purchase – Other circumstances (detailed below)**

☐ **Annual use of Statewide or Agency Contracts ≥ $5,000**

Contract # _____ **Vendor Names(s)** _____

Justification (in detail):

Cardholder Name:	**Signature:**
Purchasing Card Program Coordinator Name:	**Signature:**
IMPORTANT: **Form will not be considered complete until all required signatures are affixed. E-Mail, Fax or Mail form to:**	
Donna Rayner, Purchasing Card Program Manager **Department of Administrative Services** **State Purchasing Division** **200 Piedmont Avenue SE, Suite 1308** **Atlanta, GA 30334-9010**	**(404) 656-5344 Office** **(404) 386-9641 Cell** **(404) 657-8444 Fax** **Donna.rayner@doas.ga.gov**

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☐ **Approved** ☐ **Disapproved**	
Reason:	
By:	**Title:**
Date:	