

PEPPERDINE UNIVERSITY

EXCEPTION PAYMENT REQUEST

(All fields are required)

Payee Information

Name (Last, First, MI) _____	<input type="checkbox"/>	Vendor ID _____
Address _____	City _____	State _____ Zip _____

Business Unit: PUNIV

Invoice No _____	Invoice Date _____	Payment Due Date _____	Amount \$ _____
Purchased/Ordered by _____		Department/School _____	
Extension _____	Need for Goods/Services Identified Date _____	Purchased Date _____	
Goods/Services Required Date _____	Does vendor accept credit cards? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Approval Information (Fill out all fields below only if vendor does not accept credit cards)

Exception Payment Request submitted because department/school (select one)

- Placed order without required purchase order.
- Provided signed agreement directly to vendor without required purchase order.
- Modified original purchase order directly with vendor without required change order. Purchase Order No. _____

Reason for Exception _____

Business Unit	Fund	Dept	Account	Class
Program	Product	Project	Operating Unit	

<i>Requestor (Signature)</i>	<i>Print Name</i>	<i>Date</i>	<i>Extension</i>
<i>Approver (Signature)</i>	<i>Print Name</i>	<i>Date</i>	<i>Extension</i>
<i>Major Area Budget Manager (Signature)</i>	<i>Print Name</i>	<i>Date</i>	<i>Extension</i>
<i>Vice President (Signature)</i>	<i>Print Name</i>	<i>Date</i>	<i>Extension</i>
<i>University Controller/CFO (Signature)</i>	<i>Print Name</i>	<i>Date</i>	<i>Extension</i>

Return Completed Form to the University Controllers Office - Mail Code 4497