



Northern Illinois University

Commercial Card Request for Exception Form

Complete and submit this Exception Request prior to the purchase. Do not proceed with the purchase until authorization is granted.

Complete only required fields* and applicable sections

CARDHOLDER INFORMATION

Cardholder Name* _____ Employee ID* (Eight Digits) _____ Card Last 4 Digits* _____

Exception Request - One Time Purchase (Choose 1)

Single Transaction Limit _____ Vendor Name _____

Monthly Credit Limit _____

Increase to _____

Prohibited Purchase Exception

Reason for Exception Request

Change to Credit Limit

New Credit Limit _____ Start Date _____ End Date _____
(leave blank if permanent)

Justification from Dean or Division Head

Cardholder Signature* _____

Date* _____

Approving Manager Signature* _____

Date* _____

Dean/Division Head Signature* _____

Date* _____

Commercial Card Services _____

Date _____

Completed forms, with all signatures, are to be sent to Card Services, Lowden Hall 208 or scanned and emailed to cardservices@niu.edu