

**State of Mississippi
 Statewide Automated Accounting System
 Mandatory E-Payment Exemption Request**

Vendor Name _____

Vendor Tax Id Number _____

Vendor Address _____

City _____ State _____ Zip _____

Reason(s) exemption requested. Specific detail must be provided in narrative form to justify the State's consideration of the exception process. Also, provide specific costs and legal issues associated with this request. A separate document may be referenced here and attached.

Other comments:

Vendor Signature _____ Date _____

Contact Name (Please print) _____ Phone _____

Agency Name _____

Agency Contact _____

Phone _____ Fax _____

Email _____

DFA Only		Response Due 10 Business Days from Received Date		Vendor Numbers
Received Date:		Received By:		
Response Date:		Responder:		
Approved		Denied		
Comments:				