

**JUSTIFICATION FOR NON-COMPLIANCE
WITH STATE ADMINISTRATIVE MANUAL
(SAM) 4117.6**

DGS OFAM 101 (Revised 1/2024)

Complete this form for each meeting-related invoice not paid on the Travel Payment Services Meeting Card (MTG) Account. Scan a copy of the completed, signed form and email it to StatewideTravelProgram@dgs.ca.gov. Then attach the original form(s) to the original invoice(s) and submit to the State Controller's Office for payment.

TO: State Controller's Office**DATE:** _____

SUBJECT: Justification for using a payment method other than the Travel Payment Services MTG Account for conference/meeting space rental and other meeting-related expenses as outlined in SAM 4117.6

Department Name	Contact Name	Contact Email	Phone Number
Meeting Name/Title			
Vendor Name	Email	Phone Number	
Vendor Address	City	State	Zip Code
Date of Service	Total Charges		
	\$		

REASON FOR NON-COMPLIANCE

Vendor does not accept credit cards for payment

Vendor does not accept the Travel Payment Services MTG Account

The department does not have a Travel Payment Services MTG Account

The department is in the process of setting up a Travel Payment Services MTG Account

Program Manager/Accounting Supervisor Name	Signature	Date	Phone Number
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