

# PO Exemption Request Form

CO-765 (4/2026)



STATE OF CONNECTICUT

Office of the State Comptroller  
Central Accounts Payable Division

**PURPOSE OF THIS FORM:** Request an exemption to process transaction(s) on a Non-PO Voucher.

**AUTHORITY:**

- Connecticut General Statutes [Section 3-112](#) "Powers and Duties"
- Connecticut General Statutes [Section 4-98](#) "Claims Against the State"
- Office of the State Comptroller Memorandum [No. 2008-38](#) "Non-PO Vouchers"

**GENERAL INSTRUCTIONS:**

1. Review transaction(s) to ensure they are not covered in Office of the State Comptroller (OSC) Memo No. 2008-38 "Non-PO Vouchers".
2. Complete the PO Exemption Request Form. See PO Exemption Request Form – Instructions and Payment Details Example Request for guidance on how to complete the form.
3. The completed form must be signed and dated by requester and emailed, along with any supporting documentation, to [osc.apdpa@ct.gov](mailto:osc.apdpa@ct.gov).
4. For questions, contact the Office of the State Comptroller – Central Accounts Payable Audit Team at [osc.apdpa@ct.gov](mailto:osc.apdpa@ct.gov).

**SECTION I – REQUESTER INFORMATION:**

**Business Unit – Agency Name**

**Agency Contact (Name, Title, Email, Phone Number)**

**SECTION II – PAYMENT DETAILS:** Provide a detailed explanation of the transaction(s) for which the Agency is requesting a PO Exemption. Refer to the PO Exemption Request Form – Payment Details Example Request for guidance. The example is for reference only, as each request is unique and should be completed accordingly. If additional space is needed, attach the PAYMENT DETAILS as a separate Word file.

**SECTION III – EXEMPTION TYPE:** Select the exemption type by checking the appropriate box and completing the subsequent items under the selection. The exemption can be either a One-Time Exemption or a Recurring/Ongoing Exemption.

**One-Time Exemption**

**Recurring/Ongoing Exemption**

**Payment Amount**

**Expected Duration of Payments**

**Estimated Number of Payments**

**SECTION IV – CERTIFICATION & SUBMISSION:** Complete all fields then digitally sign and date the form.

**Requester Name**

**Requester Title**

**Requester Signature**

**Date**

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**SECTION V – APPROVAL/REVIEW: FOR OSC USE ONLY - AGENCY PERSONNEL DO NOT COMPLETE THIS SECTION**

**Request Denied**

**Denial Comments**

**Request Approved**

**Approver Signature**

**Approval/Effective Date**

**Exemption Expiration Date**

**NOTE:** If any information in this request changes, the Agency is required to notify OSC immediately via email at [osc.apdpa@ct.gov](mailto:osc.apdpa@ct.gov). The approval will expire on the expiration date specified above. To extend the approval, the Agency must submit a new request form prior to the expiration date. OSC reserves the right to amend or revoke this approval at any time by providing written notification to the Agency.