# PO Exemption Request Form

CO-765 (Rev. 9/2026)

**STATE OF CONNECTICUT**
**Office of the State Comptroller**
**Central Accounts Payable Division**

Clear Form

**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. 2026-25 “Exceptions to Purchase Order Requirement, 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.
4. For questions, contact the Office of the State Comptroller – Central Accounts Payable Audit Team at 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 page 3 of the CO-765 Instructions, "PO Exemption Request Form – Payment Details Example Request," for guidance. Please note that the example provided is for reference only; each request is unique and should be completed according to its own needs and merits. If additional space is needed, provide a title or brief description of the payment(s) in the box below and attach the PAYMENT DETAILS as a separate Word file, so that the Request Form and the PAYMENT DETAILS document can be linked.

**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** ☐

**Payment Amount**

**Recurring/Ongoing Exemption** ☐

**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** ☐

**Request Approved** ☐

**Comments**

**OSC Authorized 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. 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.