

**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](mailto: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
--	-----------	------	--------------