

State of Mississippi Mandatory E-Payment and E-Invoicing 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 _____ Phone _____
 (Please print)

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:				