



EXCEPTION TO TRAVEL AND ENTERTAINMENT POLICY

Payee's Name _____

Date _____ Travel Out of Pocket

Kuali DV eDoc Number _____ Department _____

POLICY EXCEPTION REQUESTED:

JUSTIFICATION:

Eligible Claim w/o Exception = Exception Amount

I certify that I am not being reimbursed from another source for any portion of the requested payment. All exceptions requests are included in the above calculation for the DV listed. Any additional out of policy claims will be deducted from the reimbursement request.

Electronic signatures are only accepted through KFS Ad Hoc Approval.

REQUIRED SIGNATURES :

Employee (Printed)

Signature Date:

Dept. Head/Director/Dean/Vice Pres./Provost
*(As Required)

Signature Date:

The required signature is dependent on the authorization level detailed in the policy and confirmed in the Master University Directory. Please review relevant section of the policy to determine the appropriate signature required for the exception request.