



EXCEPTION TO TRAVEL AND ENTERTAINMENT POLICY

Employee's Name _____

Date _____ Travel Out of Pocket

Travel Approval Doc ID _____ 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.

This form must be attached to the Disbursement Voucher requesting the exception.

REQUIRED SIGNATURES:

Signature Date:
Employee (Printed)

Signature Date:
Dept. Head/Director/Dean/Vice Pres./Provost
(As Required)

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