

# REQUEST FOR EXCEPTION TO STATE-WIDE POLICY

➤➤➤ DEPARTMENT COMPLETES:

DEPARTMENT \_\_\_\_\_ DEPARTMENT # \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_ EMPLOYEE VENDOR CUSTOMER NUMBER \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE FOR WHICH EXCEPTION IS BEING REQUESTED \_\_\_\_\_

NAME OF VENDOR REQUEST IS FOR \_\_\_\_\_

Type of Exception (Check All That Apply)

- Meals > Limit (\$\_\_\_\_)
- Lodging > Limit (\$\_\_\_\_)
- Meals In Domicile (\$\_\_\_\_)
- Direct Billing
- Prepayment of Expenses
- Blanket Approval
- Meals (\$\_\_\_\_)
- Registration (\$\_\_\_\_)
- Lodging (\$\_\_\_\_)
- Other (explain)

WILL EMPLOYEE BE SUBMITTING INDIVIDUAL TRAVEL CLAIM?  Yes  No

EXPLANATION:

DEPARTMENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

DEPARTMENT HEAD (IF REQUIRED) \_\_\_\_\_ DATE \_\_\_\_\_

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➤➤➤ DEPARTMENT OF ADMINISTRATIVE SERVICES COMPLETES (IF REQUIRED):

APPROVED BY: \_\_\_\_\_ DATE \_\_\_\_\_ BLANKET APPROVAL # \_\_\_\_\_