TRAVEL REIMBURSEMENT REQUEST FOR EXCEPTION

TRAVELER’S NAME: _______________________________________

Employment classification:
☐ Exec/Admin ☐ Faculty ☐ Staff/Tech Service ☐ Post-Doc or Fellow
☐ Graduate Assistant ☐ Graduate Student ☐ Undergraduate ☐ Non-Employee (Guest)

Administrative Area: ____________________ Department: _________________________

Dates of Trip: ________________________________________________________________________

Destination(s): ________________________________________________________________________

Business Purpose: _____________________________________________________________________

Attach all relevant Travel Support Documents including Travel Support Form

Explanation of Reason for Exception (or attach memo of explanation):
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

Traveler’s Signature: __________________________   Date: ______________

Administrative Area Approval of Exception Request

Budget Administrator: __________________________   Date: ______________

Budget Executive: __________________________   Date: ______________

Financial Officer Approval of Exception Request

Has this individual been granted any travel exceptions previously? YES    NO
If YES, Explain:________________________________________________________________

Traveler’s Cost: __________________________ (Reimbursement requested by Traveler)

Travelport Estimate: ___________________ (Attach documentation)

Does requested reimbursement exceed Travelport estimate? YES    NO
If yes, and traveler will not accept lower amount, Financial Officer must forward to Assistant Controller for approval.

Other Information: ____________________________________________________________________

☐ Approve    ☐ Approve as One-time Exception    ☐ Deny

Signature: __________________________   Date: ______________

Assistant Controller: ☐ Approve    ☐ Approve as One-time Exception    ☐ Deny    ☐ N/A

Signature: __________________________   Date: ______________

Corporate Controller: ☐ Approve    ☐ Approve as One-time Exception    ☐ Deny    ☐ N/A

Signature: __________________________   Date: ______________