



**EXCEPTION TO POLICY**

Travel Number \_\_\_\_\_ Traveler's Name \_\_\_\_\_

Date \_\_\_\_\_

Destination \_\_\_\_\_ Department \_\_\_\_\_

POLICY EXCEPTION REQUESTED:

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JUSTIFICATION:

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I certify that I am not being reimbursed from another source for any portion of the requested payment.

REQUIRED SIGNATURES:

Traveler \_\_\_\_\_ Account Manager \_\_\_\_\_

Please file this form with the reimbursement request.