Policy Exception Request Form

Travel Authorization No.:_____ **Date:**_____

Traveler's Name: _____

POLICY EXCEPTION REQUESTED:

_____
_____
_____
_____
_____

JUSTIFICATION:

_____
_____
_____

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

REQUIRED SIGNATURES:

Employee:_____ Date:_____

Approved by:_____ Date:_____

Revised 11/06/2026