

## **Central Connecticut State University Policy Exception Request Form**

| Travel Authorization No.:                                  | Date:  |
|--|--|
| Traveler's Name:   |  |
| POLICY EXCEPTION REQUESTED:                                |  |
| JUSTIFICATION:   |  |
| I certify that I am not being reing the requested payment. | nbursed from another source for any portion of |
| REQUIRED SIGNATURES:                                       |  |
| Employee:  | Date:  |
| Approved by:   | Date:  |