



45 DAY REASONABLE EXCEPTION REQUEST FORM

Complete the following information, obtain required signatures of Dean or Vice President, and submit with Expense Report.

Name: _____ ADP ID #: _____

Dates of Travel/Expense: _____ Expense Report #: _____

Destination(s)/Explanation of Expense: _____

Reasonable Exception Request (please explain the facts and circumstances relating to why your reimbursement request is being submitted more than _____ days after completion of the trip or the date on which an expense was incurred):

Traveler's Signature: _____ Date: _____

(I certify and attest that the above statements are true. I also have read and understand the University's policy requiring submission of expense statements within _____ days after the trip is complete.)

Departmental Approval Signature: _____ Date: _____

Dean or Vice President Approval Signature: _____ Date: _____

Business & Finance Approval Signature: _____ Date: _____