Department of Administrative Services - State Accounting Enterprise

Section	Procedure Number	Page Number	Effective Date
PRE-AUDIT	240.171	1 of 3	May 1, 2011

Subject	MISCELLANEOUS
	PRIOR APPROVALS – REQUEST FOR EXCEPTION TO STATE-WIDE POLICIES FORM

1. Pre-Audit Procedures 240.150 and 240.155 require that exceptions to certain statewide reimbursement policies be approved by the Department Head or the Department of Administrative Services-State Accounting Enterprise-Daily Processing (DAS-SAE) prior to the event occurring.

2. Below are instructions for completing the form "Request For Exception To State-Wide Policy". See page 3 of this procedure for a sample of the form and the corresponding letters of explanation below:

    a. Department - Enter the name of the department submitting the request.

    b. Department No. - Enter the number of the department as utilized on the State's accounting system (I/3).

    c. Employee Name - Enter the name of the employee(s) the request is for. Names are necessary for all State employees, plus any other persons who will be submitting a separate claim.

    d. Employee Vendor Customer Number - Enter the vendor number(s) of the employee(s) the request is for. Employee Vendor Numbers are necessary for all State employees, plus any other persons who will be submitting a separate claim.

    e. Date For Which Exception Is Being Requested - Enter the date the request is for.

    f. Name of Vendor Request Is For (If different from employee) - This information is needed if direct billing or pre-payment is involved in the request. Enter the name of the place of direct billing or pre-payment.

    g. Type of Exception (Check All That Apply) - Check the box by each exception being requested. If there is a "$" after the item, the dollar amount must also be included.

        (1) When requesting direct billing for meal(s), a copy of the registration form and agenda must be attached to the request, when applicable.

        (2) The exception to direct billing expenses for lodging or airfare for state employees is not allowed.

        (3) Board and Commission Members follow the same rules regarding exceptions as state employees.

        (4) Blanket Approvals are effective for no more than one fiscal year and must be renewed before July 1 of each year, and/or when circumstances surrounding the blanket approval change.

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h. Will Employee Be Submitting Individual Travel Claim - Self-explanatory

i. Explanation - Describe reason for exception to statewide policy and provide justification of public purpose served.

j. Department Signature and Date - Self- explanatory

k. Department Head (If Required) - This section to be completed by Department Head indicating approval of exception.

l. Approved By and Date - This section is completed by an employee of DAS-SAE-Daily Processing who approves the request, if required.

m. Blanket Approval No. - This number is assigned by DAS-SAE-Daily Processing. The number must be included on each claim submitted under the exception given. Blanket Approvals must be renewed yearly.

3. The Request for Exception to State-Wide Policies form may be submitted to DAS-SAE, and should be used in the following manner:

a. When the original is submitted:

(1) SAE will retain the original and

(2) Mail a scanned copy of the signed exception to the submitting department for attachment to the original voucher for payment.

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[Request for Exception to State-Wide Policy](#)

REQUEST FOR EXCEPTION TO STATE-WIDE POLICY

➤ ➤ DEPARTMENT COMPLETES: **SAMPLE COPY**

Department _____ **a** _____ Dept No. _____ **b** _____

Employee Name: Employee Vendor Customer Number:

_____ **c** _____ _____ **d** _____

_____ _____

_____ _____

_____ _____

Requested Exception Date: _____ **e** _____

Vendor Name Request is for: _____ **f** _____

Type of Exception: *(Check All That Apply)* **g**

☐ Meals > Limit $ ☐ Lodging > Limit $ ☐ Meals In Domicile $

☐ Direct Billing ☐ Prepayment of Expenses ☐ Blanket Approval

☐ Meals $ ☐ Registration $ ☐ Lodging $

☐ Other: _____

  (Explain)

Will employee submit an individual travel claim? ☐ Yes ☐ No **h**

Explanation:

i

_____ **j** _____ _____

Department Signature Date

_____ **k** _____ _____

Department Head *(If Required)* Date

➤ ➤ DEPARTMENT OF ADMINISTRATIVE SERVICES COMPLETES *(If Required):*

Approved By: _____ **l** _____

Date: _____

Blanket Approval No.: _____ **m** _____