

**REQUEST FOR EXCEPTION TO STATE-WIDE POLICY**

➤ ➤ **DEPARTMENT COMPLETES:**

Department \_\_\_\_\_ Dept No. \_\_\_\_\_

Employee Name: \_\_\_\_\_ Employee Vendor Customer Number: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requested Exception Date: \_\_\_\_\_

Vendor Name Request is for: \_\_\_\_\_

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

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

Explanation:

\_\_\_\_\_  
Department Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head *(If Required)*

\_\_\_\_\_  
Date

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

Approved By: \_\_\_\_\_

Date: \_\_\_\_\_

Blanket Approval No.: \_\_\_\_\_