

## Department of Administrative Services - State Accounting Enterprise

<b>Section</b> PRE-AUDIT	<b>Procedure Number</b> 240.171	<b>Page Number</b> 1 of 3	<b>Effective Date</b> May 1, 2011 Revised 03/30/2026
<b>Subject</b>			
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 "Exception To Statewide Policy". See page 3 of this procedure for a sample of the form and the corresponding letters of explanation below:
  - a. Department No. - Enter the number of the department as utilized on the State's accounting system (I/3).
  - b. Department - Enter the name of the department submitting the request.
  - c. State Employee Name(s) - 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. Vendor ID(s) - 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. Vendor Customer No. - Enter the vendor number(s) the request is for.
  - h. 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. (Part Two) 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. Department of Administrative Services Approval - DAS Iowa Advantage Team will complete if the approval if necessary to be reviewed by DAS SAE.
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 No. **A** Department **B**

<u>State Employees Name(s):</u> <b>C</b>	<u>Vendor ID(s):</u> <b>D</b>	<p style="text-align: center;"><b>Requirements</b></p> <input type="checkbox"/> Submit Event Agenda <input type="checkbox"/> Submit attendee list, including employees & non-employees <ul style="list-style-type: none"> <li>Submit this request 30 days prior to the start of your event</li> <li>please submit this form to <a href="mailto:iowa.advantage@iowa.gov">iowa.advantage@iowa.gov</a></li> </ul>
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*if more space is needed, please attach a list*

Date(s) for which exception is being requested: **E** \_\_\_\_\_

Name of Vendor: **F** \_\_\_\_\_ Vendor Customer No. **G** \_\_\_\_\_

<p style="text-align: center;"><b>Director's Office Approval Required Only: H</b></p> <input type="checkbox"/> Meals > Limit \$ (in-state meals only) _____ <input type="checkbox"/> Lodging > Limit \$ _____ <input type="checkbox"/> Meals without an overnight stay* \$ _____ <input type="checkbox"/> Registration _____ <input type="checkbox"/> Meals in Domicile* \$ _____ <input type="checkbox"/> Lodging in Domicile* \$ _____ <input type="checkbox"/> Direct Billing _____ <input type="checkbox"/> Other (explain) _____ <small>* Denotes an item that is taxable benefit for state employee</small>	<p style="text-align: center;"><b>H Director's Office &amp; DAS Approval Required:</b></p> <input type="checkbox"/> Meals > Limit \$ (out-of-state meals only) _____ <input type="checkbox"/> Registration _____ <input type="checkbox"/> Prepayment of Expenses (Procedure 230.550) _____ <input type="checkbox"/> Blanket Approval & Approval Number (assigned by DAS) _____ <input type="checkbox"/> Other (explain below) _____
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Will employee(s) be submitting and individual travel claim? **H**  Yes  No

Explanation: **I** \_\_\_\_\_

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#### Department Approvals:

Department Contact Person: **J** \_\_\_\_\_

Department Head (if required): **K** \_\_\_\_\_

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#### Department of Administrative Services Completes (if required):

Approved by: **L** \_\_\_\_\_ Date: \_\_\_\_\_

Effective 12/02/2025