

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.” The form is located on the DAS-SAE website at: [Request for Exception to State-Wide Policies](#). 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 # - Enter the number of the department as utilized on the State's accounting system (1/3).
 - 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 # - 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 as a three-part form or submit one original, and should be used in the following manner:
- a. When the three-part form is used, copies are handled in this manner:
 - (1) White Copy – retained by DAS-SAE.
 - (2) Canary Copy – returned to the department to be attached to the original voucher for payment.
 - (3) Pink Copy – returned to the department for their files.
 - b. When one original is submitted:
 - (1) SAE will retain the original and
 - (2) Mail a photocopy of the signed exception to the submitting department for attachment to the original voucher for payment.

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To access this form, [click here](#).

REQUEST FOR EXCEPTION TO STATE-WIDE POLICY
[SAMPLE COPY]

>>> DEPARTMENT COMPLETES:

DEPARTMENT: _____ (a) DEPARTMENT # _____ (b)

EMPLOYEE NAME: _____ (c) EMPLOYEE VENDOR CUSTOMER NUMBER _____ (d)

DATE FOR WHICH EXCEPTION IS BEING REQUESTED _____ (e)

NAME OF VENDOR 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 BE SUBMITTING INDIVIDUAL TRAVEL CLAIM? Yes No (h)

EXPLANATION: (i)

DEPARTMENT SIGNATURE _____ (j) DATE _____

DEPARTMENT HEAD (IF REQUIRED) _____ (k) DATE _____

>>> DEPARTMENT OF ADMINISTRATIVE SERVICES COMPLETES (IF REQUIRED):

APPROVED BY: _____ (l) DATE _____ BLANKET APPROVAL # _____ (m)