

UConn HEALTH

EXCEPTION TO TRAVEL AND ENTERTAINMENT POLICY

Employee's Name _____

Date _____ Travel Out of Pocket

Travel Authorization # _____ Department _____

POLICY EXCEPTION REQUESTED:

JUSTIFICATION:

Eligible Claim w/o Exception = Exception Amount

I certify that I am not being reimbursed from another source for any portion of the requested payment.

This form must be attached to the Travel Reimbursement form containing the exception.

REQUIRED SIGNATURES:

Employee (Printed)

Signature Date:

Department Head (Printed)

Signature Date:

President/Provost/UConn Health Senior
Leader *(As Required)

Signature Date:

**Please review relevant section of the policy and the travel website to determine the appropriate signature required for the exception request. The required signature is dependent on the authorization level detailed in the policy.*