



THE COLLEGE OF PUBLIC HEALTH
EXPENDITURE APPROVAL & EXCEPTION REQUEST FORM

REQUESTOR NAME:	DATE:
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ETRAVEL/EREQUEST #:

AMOUNT: \$

REQUESTING PRE-APPROVAL FOR:	REQUESTING APPROVAL FOR:	REQUESTING EXCEPTION FOR:
<input type="checkbox"/> Meals and entertainment in excess of \$200/person <input type="checkbox"/> Deviation from Business Meal policy requirements <input type="checkbox"/> Other Deviation from University policy	<input type="checkbox"/> Spouse, Partner, Guest expenses <input type="checkbox"/> Alcohol expenditures (must use discretionary fund) <input type="checkbox"/> Entertainment expenditures (fundraising, University promotion) <input type="checkbox"/> Other approval request	<input type="checkbox"/> Exceeded approved dollar limitations: <input type="checkbox"/> Alcohol expenditures > \$20/person <input type="checkbox"/> Business meal expenses > 3x current federal per diem for expense city <input type="checkbox"/> Travel policy violation: <input type="checkbox"/> Approval not requested prior to trip <input type="checkbox"/> Over 90 days past trip reimbursement <input type="checkbox"/> Lack of appropriate documentation <input type="checkbox"/> After the Fact Purchase Order <input type="checkbox"/> Missing itemized receipts <input type="checkbox"/> Other Deviation from University policy

<p>For ALL REQUESTS provide a brief explanation of request. For EXCEPTION request explain why the exception occurred. Attach documents as necessary.</p>	<p>For EXCEPTION request please describe plan to avoid this type of EXCEPTION in the future:</p>
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FUNDING SOURCE FOR EXPENDITURE (If no eRequest/eTravel entered):

ORG #	FUND#	ACCOUNT #	PROGRAM#	PROJECT#
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SIGNATURES:

REQUESTOR:	DATE:
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APPROVAL SIGNATURES:

YES	NO	DEAN/VP OR DESIGNEE:	DATE:
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