

Western Connecticut State University  
Policy Exception Request

Travel Authorization No. \_\_\_\_\_ Traveler's Name \_\_\_\_\_

Date \_\_\_\_\_

**POLICY EXCEPTION REQUEST:**

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**JUSTIFICATION:**

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

**REQUIRED SIGNATURES:**

Employee \_\_\_\_\_ Date \_\_\_\_\_

Approved by: \_\_\_\_\_ Date \_\_\_\_\_