



INDIANA UNIVERSITY

EXCEPTION TO POLICY

Travel Number _____ Traveler's Name _____

Date _____

Destination _____ Department _____

POLICY EXCEPTION REQUESTED:

JUSTIFICATION:

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

REQUIRED SIGNATURES:

Traveler _____ Account Manager _____

Please file this form with the reimbursement request.