



## **45 DAY REASONABLE EXCEPTION REQUEST FORM**

(For use when an expense report reimbursement request is submitted more than forty-five (45) calendar days after trip completion)

Complete the following information, obtain required signatures below then submit with Expense Report.

Name: \_\_\_\_\_ ADP ID #: \_\_\_\_\_

Dates of Travel/Expense: \_\_\_\_\_ Expense Report #: \_\_\_\_\_

Destination(s)/Explanation of Expense: \_\_\_\_\_

Reasonable Exception Request (please explain the facts and circumstances relating to why your reimbursement request is being submitted more than 45 calendar days after completion of the trip or date on which an expense was incurred):

I certify and attest that the above statements are true. I also have read and understand the University's policy requiring the submission of expense statements within 45 calendar days after the trip is completed.

Traveler's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Departmental signature: \_\_\_\_\_ Approve \_\_\_\_\_ Deny \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_

Dean (if applicable): \_\_\_\_\_ Approve \_\_\_\_\_ Deny \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_

Divisional Vice President: \_\_\_\_\_ Approve \_\_\_\_\_ Deny \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_