

SOUTHERN ILLINOIS UNIVERSITY CARBONDALE

Non-Lodging Travel Exception Request

Traveler's Name:

Department Name:

Dates of Travel: From: To:

Destination:

Travel expense or travel guideline in which an exception is being requested:

Please explain the situation and/or reason for request:

Please provide sufficient explanation and/or documentation to support your request for an exception. Attach this and all supporting documents to your Travel Expense Voucher and forward to Accounts Payable.

Employee's Signature: _____ Date: _____

Fiscal Officer's Signature: _____ Date: _____

Administrative Head's Signature: _____ Date: _____

(Administrative Head's Signature is required if the Employee is the Fiscal Officer.)

(For Accounts Payable Use Only)

Exception Approved

Exception Denied

Travel Supervisor Signature: _____ Date: _____

The approval by Accounts Payable is independent and non-binding upon the Higher Education Travel Control Board's approval if deemed necessary.