



**AUTHORIZATION FOR ONE TIME EXCEPTION  
TO THE POLICIES / PRACTICE DIRECTIVE**

**TYPE OF EXCEPTION**

**TRAVEL\***

**HOSPITALITY**

**REIMBURSEMENT**

**Name of the individual on whose behalf the exception is sought:**

**Nature of Exception**

Cost exceeds maximum rate by:

Other deviation from the Policy / Practice Directive (specify)

**Justification for exception**

Explain below why the higher cost or other deviation from the policy / Practice Directive is necessary to achieve the University business purpose.

**Vice President's Approval**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**President Wong's Approval \*(Required if the exception exceeds \$250 per trip for Travel)**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date