

Memorandum

Date: _____

To: Karin Livingston, Associate VC/VP for Finance

From: _____
 Department _____ College/Division _____

Subject: Request for Exception to: _____
SAM or MAPP Number and Name

Exception Type-Check one or more of the following that best describes the type of non-compliance:

- Contracting process Procurement process HR/Payroll process Moving expense Travel reimbursement/payment
 Non-Travel reimbursement/payment Late submittal of travel receipts Late submittal of Non-travel receipts
 Other (describe): _____

Vendor/Employee Name	Document # (if applicable)	\$ Amount Involved (if any)
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1. **An exception is requested for the following policy:** (Type the policy number and paragraph, and describe the policy.)

If late receipts submittal: Date of oldest receipt submitted or last date of travel: _____ Date receipts submitted to the Business office: _____

2. **The following action is requested (e.g., approval to pay vendor/employee):**

3. **The policy was not adhered to or consideration is requested because: (Identify the cause of the non-compliance)**

4. **Explain how the employee or department will avoid such exceptions in the future. Check one or more of the following and then further explain in the space below:**

- Modify Internal Process Provide specific training to employee(s) Create or modify written procedures
 Take disciplinary action against responsible employee(s) Other (describe) _____

Further Explanation:

Request number assigned by Controller:

Memorandum

For Controller's Use Only

I have reviewed this request and conclude the following:

___ A policy exception request is required for the action requested in #2 above.

___ Granting an exception to this policy will not violate any known state or federal rules or regulations.

Controller's Comments: _____

Controller: _____

Policy Exception Request Review and Approval Signatures

Department Business Administrator _____

Department Chair/Unit Head: _____

College/Division Business Administrator _____

Dean/Director _____

Responsible Vice President _____

Associate VC/VP for Finance _____

Comments regarding Approval/Disapproval:

Instructions:

1. Department completes page 1 of this form and submits to the Controller, along with backup documentation (e.g. vouchers, receipts, etc.).
2. Controller assigns the form a request number, which is entered into the footer of the document.
3. Controller reviews the request to verify it is required, does not violate known state or federal laws, adds any comments (optional), signs and dates the form, and returns the form to the department.
4. Department routes the form and backup documentation for approval signatures.
5. The Associate VC/VP for Finance has the final authority to approve policy exception requests. Any approver may enter comments regarding the approval/disapproval (optional)
6. The Office of the Associate VC/VP for Finance will submit the completed form to the original requesting Department and Controller.
7. The requesting Department will include approved exception requests as backup documentation for any affected transactions.

Request number assigned by Controller:

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Effective 9/1/2022
