

UNIVERSITY OF KENTUCKY REQUEST FOR EXCEPTION TO BUSINESS PROCEDURES

1. For complete instructions, refer to [Business Procedures Manual Section E-1-2](#) prior to requesting an exception.
2. Exceptions cannot be granted for laws, contract provisions, or restrictions imposed by donors and sponsors.
3. Fill out form completely, attach documentation, and obtain required signature(s). Examples of documentation - airline ticket receipt, or copy of contract requiring payment at time of service when requesting pick-up of checks for speakers.
4. Email form to: UFS@uky.edu . Alternatively, it may be faxed to: (859)257-4805

Date: _____ **Request for:** Exception Blanket Exception

Department Name: _____ **Department #:** _____

WBS Element (if applicable): _____

Exception is requested for the following policy (check all that apply):

Travel Related ([Business Procedure E-5-1](#))

Traveler Name: _____ **UK Person ID:** _____ **Amount Requested:** _____

1. Reimbursement amounts for foreign lodging is limited to federal per diem rate
–Advance Approval Requested for overage > 10%
2. Other travel (describe below)

Note: Cost Comparison Non-Compliance Exceptions are not necessary for failure to secure valid cost comparison as reimbursement will be based upon historical airfares as explained in BPM E-5-1. Traveler must substantiate expenses within 60 days of return date.

3. Checks must be mailed (if check pick-up is requested, include the person’s name who will pick it up in the justification)
4. Misuse of the Procard (such as using for alternate vendor airfare or combining personal/business airfare or using for restricted commodity (describe below)
5. Other (describe below)

Justification for Request (explain why exception should be granted/why policy was not followed):

- a) Include scanned copies of travel voucher and all documentation or provide TRIP number when requesting exception after travel has occurred.
- b) If requesting approval for a preventable situation, include department procedures put into place to prevent a recurrence.

Contact Information:

Name: _____
 Email Address: _____ Phone Number: _____ Department Chair signature _____

Approval(s):

Traveler signature: _____ Date _____

Procard Owner (signature): _____ (printed) _____ Date _____
 (If reason #5 selected)

Business Officer (signature): _____ (printed) _____

Administrative, Provost, EVPHA or EVPFA (when required): _____ Date _____

University Financial Services: _____ Date _____