



Eastern Connecticut State University

83 Windham Street ■ Willimantic ■ Connecticut 06226 ■ 860-465-5329

POLICY EXCEPTION REQUEST

For Travel Authorizations:

Travel Authorization No. _____ Travelers Name _____

Date _____

For Banner Form ACO-2 (Request For Payment):

Vendor Name _____ Approval Authority _____

Date _____

POLICY EXCEPTION REQUESTED:

JUSTIFICATION:

I certify that I am not being reimbursed from another source for any portion of the requested payment,

REQUIRED SIGNATURES:

Employee _____ Date _____

Approved By: _____ Date _____