EASTERN
CONNECTICUT STATE UNIVERSITY

TRAVEL POLICY EXCEPTION REQUEST

Travel Authorization No:

Travelers Name:

Date of Request:

CITE TRAVEL POLICY* REQUIRING AN EXCEPTION:

JUSTIFICATION:

REQUIRED SIGNATURES:

Employee: _____ Date: _____

Area Vice President: _____ Date: _____

Rev. 7/16/2026

*https://www.easternct.edu/fiscal-affairs/_documents/travel/policies-travel-policy-2026-03-02.pdf