BCOE Request for Exceptional Approval Form

Exception Requests should be submitted at least **15 days** in advance of the event or trip. (If you are requesting this exception after the event or trip has occurred, please provide justification as to why advanced approval was not obtained.) Please send this form with any additional justification, emails, receipts, travel expense summary, etc. to the Dean’s office.

Department __________________________ Name of Requestor ________________________________

Date of event or trip ________________ Purpose of event or trip __________________________

Please specify the fund source that will be used to cover exceptional expense: __________________________

A. Entertainment Related Exception Request

1. Meal rate exception: UCR meal rate per person $ ____________

   Amount exceeding UCR meal rate per person $ _______________

   Justification for the meal rate exception: __________________________

   __________________________________________________________

   __________________________________________________________

   __________________________________________________________

   __________________________________________________________

2. Spousal attendance exception: Spouse name __________________________

   Justification for spousal attendance at event: __________________________

   __________________________________________________________

   __________________________________________________________

   __________________________________________________________

B. Travel Related Exception Request

1. Hotel rate exception: UCR Hotel Per Diem rate $ ______________

   Amount exceeding UCR Hotel Per Diem rate $ ______________

   Is this hotel where the conference or event is being held or hosted? YES or NO (circle one)

   If no, please provide justification for choosing hotel and ALSO provide reason for why rate exceeds UCR Per Diem:

   __________________________________________________________

   __________________________________________________________

   __________________________________________________________

   __________________________________________________________

2. Transportation related exception request: (For requests to drive vs. fly, please supply copies of estimated flight cost for comparison)

   Please provide justification for transportation exception, i.e. requesting to drive vs. fly: __________________________

   __________________________________________________________

   __________________________________________________________

   __________________________________________________________

   __________________________________________________________

Requestor Signature ___________________________ PI or Supervisor Signature __________________________

Department Chair Signature ___________________________ CFAO Approval __________________________

Dean’s Office Pre-Approval ___________________________ CFAO Approval __________________________

Dean’s Signature Approval ___________________________ Date __________________________

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