

**TRAVEL POLICY EXCEPTION REQUEST**  
This form must be attached to appropriate expense report

This form is to be used to request travel accommodations due to exceptional circumstances. The request must be approved by the approver or delegate. If applicable, a medical note is kept on file within the approver's finance office.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Department: \_\_\_\_\_ Campus: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

<p>Validity Period</p> <p><input type="checkbox"/> Onetime Engagement    <input type="checkbox"/> Current Fiscal Year</p>	<p>Do you have a note from your Health Care Provider?</p> <p><input type="checkbox"/> Yes                      <input type="checkbox"/> No</p> <p>If applicable, a medical note is kept on file within the approver's finance office.</p>
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Briefly describe the accommodation being requested:     Air             Rail             Other \_\_\_\_\_

Estimated cost for exception:

Approver: \_\_\_\_\_ Dated: \_\_\_\_\_

<p><u>Approver:</u></p> <p><input type="checkbox"/> President of the University, or designee</p> <p><input type="checkbox"/> Senior Vice President for Academic Affairs, or designee</p> <p><input type="checkbox"/> Executive Vice President Finance and Admin, Treasury, or designee</p>	<p><u>Chancellor or designee approver:</u></p> <p><input type="checkbox"/> RU - New Brunswick            <input type="checkbox"/> RBHS</p> <p><input type="checkbox"/> RU - Camden                      <input type="checkbox"/> RU - Newark</p>
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**Please return this form to:**  
 University Procurement Services - Travel  
 33 Knightsbridge Rd., 1st Floor, East Wing, Piscataway  
 Phone: 848-932-2918