

REQUEST FOR MEALS AND ENTERTAINMENT POLICY EXCEPTION OR ADJUSTMENT

This request is for an exception or adjustment to **SOP 1154-003 Meals and Entertainment** policy. Careful consideration will be given to this exception based on the information provided. Please note, that a request does not guarantee that the exception will be granted.

Payee's Name: _____ Date of Request: _____

Campus Address: _____ Phone #: _____

Requested Policy Exception:

Reason or justification for exception:

Payee's Signature _____ Date _____

Departmental Approver's Signature _____ Date _____

Payee's Name (Printed) _____

Departmental Approver's Name (Printed) _____

Controller's Office Use Only:

Exception Approved / Denied by: _____
(Circle One) _____ Date _____

Comments:
