



**BUSINESS RESOURCE CENTER
EXCEPTIONAL/ADDITIONAL AFTER-THE-FACT
APPROVAL REQUEST**

Requestor Name: _____ Department: _____

Department Code: _____ FAU: _____ Amount: _____

ENTERTAINMENT MEALS ONLY Number of Attendees: _____ Cost Per Person: _____

Funding Source: _____

Please describe the expense(s) for which you are requesting exceptional/additional preapproval and reference the relevant policies (Travel: G-28 / Entertainment: BUS-79):

Justification for exceptional/additional approval request (include all relevant supporting documentation such as agenda, quote, memo, etc.):

Corrective action taken to ensure future policy compliance:

Department Head Signature: _____

Department Head Name (print): _____ Date: _____

Exceptional/Additional Approval Signature: _____