

# UNIVERSITY OF KENTUCKY REQUEST FOR EXCEPTION TO BUSINESS PROCEDURES

1. For complete instructions, refer to [Business Procedures Manual Section E-1-2](#) prior to requesting an exception.
2. Exceptions cannot be granted for laws, contract provisions, or restrictions imposed by donors and sponsors.
3. Fill out form completely, attach documentation, and obtain required signature(s). Examples of documentation - procurement card receipts, purchase receipts, Concur Expenses Reports, JV's, etc.
4. Email form to: [UFS@uky.edu](mailto:UFS@uky.edu) . Alternatively, it may be faxed to: (859)257-4805

**Date:** \_\_\_\_\_ **Request for:** Exception  Blanket Exception

**Department Name:** \_\_\_\_\_ **Department #:** \_\_\_\_\_

**WBS Element (if applicable):** \_\_\_\_\_

**Exception is requested for the following policy (check all that apply):**

**Travel Related ([Business Procedure E-5-1](#))**

**Traveler Name:** \_\_\_\_\_ **UK Person ID:** \_\_\_\_\_ **Amount Requested:** \_\_\_\_\_  
(If applicable)

1. Lodging within 50 miles of workstation
2. Other travel (describe below)

**Note: Cost Comparison Non-Compliance Exceptions are not necessary for failure to secure valid cost comparison as reimbursement will be based upon historical airfares as explained in BPM E-5-1. Traveler must substantiate expenses within 60 days of return date.**

3. Checks must be mailed (if check pick-up is requested, include the person's name who will pick it up in the justification)
4. Misuse of the Procard (such as using for restricted commodity or not obtaining/missing receipt. Please include copy of procard receipt (if available) for all procard related requests. (describe below)
5. Other (describe below)

**Justification for Request (explain why exception should be granted/why policy was not followed):**

- a) Include copies of **Concur travel expense reports** and all documentation when requesting exception after travel has occurred.
- b) If requesting approval for a preventable situation, include department procedures put into place to prevent a recurrence.

**Contact Information:**

Name: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Approval(s):**

Traveler signature:		Date
Procard Owner (signature): <small>(If reason #4 selected)</small>	(printed)	Date
Business Officer (signature): <small>(Required)</small>	(printed)	
Administrative, Provost, EVPHA or EVPFA (when required):		Date
University Financial Services:		Date