

University of Illinois
Chicago Springfield Urbana-Champaign

Travel Exception Request

Department/Unit Name _____

Traveler's Name _____

Date(s) of Travel From _____ To _____

Destination(s) _____

Exception Type/Justification

(Reimbursements are limited to those described in travel policies, unless the department requests an exception and it is approved by the Higher Education Travel Control Board (HETCB).)

**A) Lodging rate Exceeds Maximum for Non-conference Lodging
(exclusive of taxes)**

- 1) Explanation or Reason (check one)
- No Alternative – Least costly room available within area.
 - Required Location – Location selected for conduct of University Business.
 - Least Total Cost – Ground transportation costs make alternative lodging uneconomical.
 - Other – Please explain. _____

2) Please explain how the amount(s) in excess of allowable maximums were determined.

B) Excess Transportation or Miscellaneous Costs

Please itemize the amounts and provide explanation/justification.

<u>Exception Type</u>	<u>Amount</u>
	<u>Total</u>

I request payment of these expenses actually incurred in excess of entitlement ceilings and acknowledge that reimbursement by the University is contingent on HETCB approval, and amounts disallowed by the HETCB will be refunded to the University within 15 days of notification to me.

Traveler's signature _____ **Date** _____

Dept./Unit Head _____ **Date** _____

OBFS _____ **Date** _____