

To: Deena Giacotti, Associate Dean of Finance in the Faculty of Arts & Sciences

From: _____
Name of Administrator/Lab Director

Name of Department/Center/Affiliate

Fax Number: _____

Date: _____

RE: **Request for Exception to Policy for Reimbursement or Corporate Card Direct Payment**

Section 1

Type of Exception Request: – *Please check only one*

- | | |
|--|--|
| <input type="checkbox"/> Exception to 60-day policy for reimbursement | <input type="checkbox"/> Exception to pay Corporate Card delinquency fee |
| <input type="checkbox"/> Exception to 60-day policy for Corporate Card payment | <input type="checkbox"/> Exception to Travel Policy (<i>please state policy</i>) |
| <input type="checkbox"/> Exception to FAS Spending Guidelines | Policy: _____ |

Section 2

Name of Reimbursee or Cardholder or Business Unit: _____

Harvard Affiliation:

- | | | | |
|--|---|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Faculty | <input type="checkbox"/> Staff | <input type="checkbox"/> Student | <input type="checkbox"/> Post-Doc |
| <input type="checkbox"/> Visitor – Non Harvard | <input type="checkbox"/> Other (<i>please explain</i>): _____ | | |

Total of Exception Request: _____

Earliest Date of Expense (*for exception to 60-day policy*): _____

Web Voucher Number (*if applicable*): _____

Section 3

Reason for Exception (*include all extenuating circumstances*): _____

Departmental Plan(s) to mitigate need for future exception requests (*required*): _____

Section 4 – FAS Financial Office Use Only

Approved Date _____ Denied Date _____

If signed, this Exception Request has been granted approval under authority of Deena Giacotti, Associate Dean of Finance for the Faculty of Arts and Sciences. Such approval is granted for this specific request only.

Please remember to use a Missing Receipt Affidavit for lost or misplaced receipts to comply with the 60-day policy.

Instructions for the Exception Request Form

This is a Fill-In Enabled MS Word Form. You can tab between the fields to enter information. The fields will increase in size as necessary. Please state all extenuating circumstances, but please try to keep the Exception Request Form to one page in length.

1. Complete sections 1, 2, and 3 of the Exception Request Form.
 2. Department Administrators, Financial Administrators, or Lab Directors should attach the completed form to an e-mail and send to finxcept@fas.harvard.edu. The e-mail should include a fax number to which the approved or denied request can be returned.
 3. The FAS Financial Office will review the request and return the Exception Request Form with either an approval or denial via the fax number provided.
 4. If approved, the Exception Request Form should be attached to the front of the Web Voucher/UEF reimbursement or Corporate Card direct payment and sent to Holyoke Center for further processing.
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