Exception Request Form

To: Mary Justice, Senior Manager, Central Disbursements
From: _____ _____
Name of Director/Dean Name of Department
Fax Number: _____
Date: _____
Re: **Request for Exception to Policy for Reimbursement**

Please read instructions on the following page before proceeding.

Section 1

Name of Reimbursee _____
OSHU Affiliation:

- ☐ Faculty
- ☐ Staff
- ☐ Student
- ☐ Post-Doc
- ☐ Visitor- Non OHSU
- ☐ Other- please explain:_____

Total of Exception Request: _____
Earliest Date of Expense (for exception to 60 day policy): _____

Section 2

Reason for Exception (include all extenuating circumstances):
Departmental Plan(s) to mitigate need for future exception requests (required):

CFS Central Disbursement Office Use Only

☐ Approved Date:_____ ☐ Denied Date:_____

If signed, this Exception Request has been granted approval by the Sr. Manager of Central Disbursements. Such approval is granted for this specific request only.

Signature: _____

Please complete and return via email to justicem@ohsu.edu.

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