HARVARD Faculty of Arts and Sciences	<b>Exception Request Form</b>
To: Associate Dean for Finance, Associate Dean for Administrative Operations, or Designee, Faculty of Arts and Sciences	Re: Request for Exception to Policy for Reimbursement or Corporate Card Direct Payment
From: (Name of Administrator/Lab Director)	Date:
(Name of Department/Center/Affiliate)	PLEASE READ ATTACHED INSTRUCTIONS
Section I – Type o	f Exception Request
(a) Exception to FAS Spending Guidelines	(b) Exception to Travel Policy - Please State Policy:
(C) Exception to Pay Corporate Card Delinquency Fee	(d) Sponsored: Exception to Travel Policy - Airfare on Federal funds. If so, please complete the Federal Lowest Economy Airfare Travel Reimbursement Exception Form.
Section II – Reim	bursee Information
Name of Reimbursee or Cardholder:	
Harvard Affiliation: Faculty Staff Student Post-Doc Visitor-Non Harvard Other- please explain:	
Please use the Non-Employee Reimbursement Requests Quick	Reference Guide to determine the employee type.
Total of Exception Request: \$	
Concur Report Identification Number (if applicable):	

# Section III – Reason for Exception

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



# Section III – Reason for Exception (continued)

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

# FAS Office of Finance/Administrative Operations Use Only Approved Date: \_\_\_\_\_\_ Date: \_\_\_\_\_\_ Denied Date: \_\_\_\_\_\_ If signed, this Exception Request has been granted approval under the authority of the Associate Dean for Finance or Associate Dean for Hinistrative Operations for the Faculty of Arts and Sciences. Approval is granted for this specific request only. FAS Name: \_\_\_\_\_\_\_ FAS Signature: \_\_\_\_\_\_\_

Comments:



# Instructions for Processing Exception Request Form(s)

- 1. Complete sections 1, 2 and 3 of the Exception Request Form. If there is airfare coded to federal funds that requires an exception, please check the appropriate box in section 1 and complete the Federal Lowest Economy Airfare Travel Reimbursement Exception Form.
- Department Administrators, Financial Administrators or Lab Directors should attach the completed form(s) to an email and send to finxcept@fas.harvard.edu.
   (Note: Requests will only be accepted by personnel indicated above. Any requests from other staff or travelers will be returned for proper routing.)
- 3. If you selected exception (d) in section 1, the FAS Office of Finance/Administrative Operations will work with Research Administration Services to review the request. Please complete and attach the *Federal Lowest Economy Airfare Travel Reimbursement Exception Form* to your request. FAS Office of Finance/Administrative Operations will respond to your request and return the Exception Request Form(s) with either an approval or denial via email.
- 4. If you require additional space, please attach a separate sheet, and be sure to state all extenuating circumstances for that resulted in request. The Exception Request Form should be limited to two pages in length.
- 5. If approved, the signed/dated Exception Request Form(s) should be attached expense report in Concur.

# **Overview of University Reimbursement Policy**

0-90 Days	91-182 Days	183+ Days	Comments
		Employees	
Reimbursement	Extra Compensation *Grossing up prohibited	No Form of Payment Allowed	Includes senior, junior, visiting faculty, exempt and non-exempt staff, internal post-docs/ research fellows (6150) and teaching assistants (6152)
		Students	
Reimbursement	Reimbursement	Reimbursement	Students on the University payroll are not to be treated as employees.
		Non-Employees	
Reimbursement	Reimbursement	Reimbursement	Non-employees, guest lecturers, invited guests and other visitors.
		Foreign Nationals	
Reimbursement	Reimbursement	Reimbursement	Tax Services must review every travel and non- travel to ensure expenses are eligible for reimbursement.
	Reimbursement Reimbursement Reimbursement	Reimbursement     Extra Compensation *Grossing up prohibited       Reimbursement     Reimbursement       Reimbursement     Reimbursement	Employees       Reimbursement     Extra Compensation *Grossing up prohibited     No Form of Payment Allowed       Reimbursement     Students       Reimbursement     Reimbursement       Reimbursement     Reimbursement       Reimbursement     Reimbursement       Reimbursement     Reimbursement       Reimbursement     Reimbursement

Please complete and return via email to finxcept@fas.harvard.edu

**Exception Request Form** 



# Federal Lowest Economy Airfare Travel Reimbursement Exception Form

<u>Sponsored Expenditures Guidelines</u> and Appendix G of the <u>University Travel Policy</u>

Effective: March 1, 2016

#### AIRFARE RESTRICTIONS ON FEDERAL AWARDS

Federal regulations (2 CFR §200.474.3(d)) require that airfare costs in excess of the lowest economy fare class are unallowable except when the latter would:

- Require circuitous routing;
- Require travel during unreasonable hours;
- Excessively prolong travel;
- Result in additional costs that would offset the transportation savings; or
- Offer accommodations not reasonably adequate for the traveler's medical needs.

Exceptions for business-class or upgraded economy airfare must meet one of these criteria and be justified and documented to be allowable on a federal award. These exceptions require documentation and written approval by a designated school official.

#### **REQUIRED DOCUMENTATION FOR AIRFARE EXCEPTIONS**

#### Please Select Exception Type(s) below:

Require circuitous routing

Require travel during unreasonable hours

Excessively prolong travel

Result in additional costs that would offset the transportation savings;

Offer accommodations not reasonably adequate for the traveler's medical needs

The following supporting documentation is required:

- An explanation and relevant documentation to support that the airfare met one of the 2 CFR **§200.474.3(d)**) exception criteria listed in the section above.
- For a medical reason, please attach a doctor's note or indicate below that a medical note is on file in accordance with local/school policies (*do not include any medical information*).

Medical note is on file

Reimbursee Name: \_\_\_\_\_

Reimbursee Signature: \_\_\_\_\_

Date: \_\_\_\_

#### TO BE COMPLETED BY THE AUTHORIZED APPROVER

The airfare met the (s2 CFR §200.474.3(d)) exception criteria.

School Designated Approver Name: \_\_\_\_

School Designated Approver Signature: \_\_\_\_

Date: \_\_\_

*Updated 10/16/18 PAGE 4*