

Reimbursement Exception & 90 Day Exception Request Form

Name * _____ (Please check one): ☐ Faculty ☐ Student ☐ Visitor ☐ Other _____
McCormick Staff Contact _____ Date _____
Department/Center/Program _____ Expense Report/Transaction ID # _____

As the undersigned employee, student or visitor of Northwestern University's McCormick School of Engineering, I request reimbursement for the expense indicated on the attached Northwestern Expense Report on an exceptional basis for lack of required documentation as indicated below:

☐ **No itemized receipt for purchase over \$75 because (check one):**

- ☐ I was unable to obtain a detailed receipt, but a credit card slip or other indication of payment is attached.
☐ I was unable to obtain a detailed receipt, and I have no other indication of payment.

☐ **Other policy exception (provide detailed explanation):**

☐ **Over 90 day exception requested (complete questions 1 to 4):**

(1) Why was this expense originally charged to the chart string from which it is now being transferred? Or, why was this expense incurred (if not yet posted)?

(2) Why should this charge be transferred/posted to the proposed receiving chart string? (For transfers, a correlation must be drawn between the initial charge and the chart string to which it is being transferred).

(3) Why is this cost transfer/posting being requested more than 90 calendar days after the date of transaction on a budget statement/original occurrence or, if salary, from the beginning of the earnings period?

(4) What action is needed to eliminate the future need for cost transfers/postings of this type? Is this action being taken?

I certify that I actually expended the listed amount of personal funds for the item(s) or service(s) listed for the university business purpose indicated on the attached reimbursement claim form. I understand that reimbursement under such circumstances must be limited to occasional, exceptional circumstances and future repeated occurrences could result in disallowed reimbursements.

Signature * _____ Date _____

Dept. Chair/Supervisor or PI Signature _____ Date _____

Dean/Vice President or Designee Signature _____ Date _____

Please attach this form to your expense report/transaction when requesting reimbursement or payment. Reimbursements and payments for exceptions to policy will only be made when this completed form is attached to the request.

* Individual that incurred expense (If form is for a Visitor's Expense Report, the signature line can be signed by the staff contact)