



THE UNIVERSITY CORPORATION, SAN FRANCISCO STATE
 1600 Holloway Avenue, ADM 361
 PO BOX 320160
 SAN FRANCISCO, CALIFORNIA

AUTHORIZATION FOR ONE TIME EXCEPTION TO POLICY

Attach to completed payment request.

Payee:
Amount:

Type of Exception

Hospitality
 Other

Nature of Exception

Price of meal
 Price of hotel
 Missing Itemized Receipt
 Other
Explain:

Calculation of exception:

Amount Requested for food & drink:
 Number of Participants:
 Standard Maximum per/person cost:

 Per/person cost
 Per/person Exception
 Total Exception:

Not Applicable

Justification for exception:

Authorization:

Please attach to the original payment request, and forward to Ucorp with Dean/AVP authorization.

SFSU Approval:	
Name	
Title	(Dean or Associate Vice President)
Signature	
Date	

Ucorp Approval:	
UCorp Executive Director	
Signature	
Date	