

Travel Waiver Form (Central Office use only)

**Department:**

**Employee:**

**Amount of travel expenditure: $**

Due to unforeseen circumstances, I hereby acknowledge that I was unable to submit my travel reimbursement timely and therefore, are requesting an extension.

Please select the appropriate box that explains the reason for the waiver and provide a summary:

**** Medical

**** Absence

**** Other

Detailed justification

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_