

BUSINESS EXPENSE APPEAL FORM

Use this form to appeal a transaction that was denied reimbursement or payment under the WPI Purchasing Policies. Appeals must be submitted within 30 days of the notification that a transaction will not be reimbursed. Appeals will be reviewed monthly. You will receive an email notification of the appeal decision from the finance office.

1. EMPLOYEE INFORMATION

You may be contacted for further questions or clarifications.

Name: _____ Department/Division: _____

Phone: _____ Email: _____

2. TRANSACTION INFORMATION

Compose a detailed written justification of your request for an exception to WPI Purchasing Policies in the space below.

Amount: \$ _____ Supplier Name: _____

Workday Document Number (Expense Report or Invoice Request): _____

Spend Authorization Number: _____

Date of purchase: _____ Date of submission: _____

Detailed explanation of the charge: _____

Reason transaction was not reimbursed:

Reason for appeal:

3. SIGN

Employee Signature: _____

Once electronically signed by an employee, this form will be forwarded to a supervisor and a cost center manager for an electronic signature, and then forwarded to the finance office.

Supervisor: I Support This Appeal I Do Not Support This Appeal Signature: _____	Cost Center Manager (if different from supervisor): I Support This Appeal I Do Not Support This Appeal Signature: _____
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