



**Accountable Plan Exception Request Form**

Submitter: _____	Title: _____
Email: _____	Department: _____
Start Date: _____	
Expense Type: <input type="checkbox"/> Transaction <input type="checkbox"/> Trip <input type="checkbox"/> Event <input type="checkbox"/> Exam <input type="checkbox"/> Other (please describe): _____	
_____	
(please provide below a brief description, e.g., purchase of a good, subscription, dues, etc.)	
Number of Expense Items: _____	Total Amount: _____
(Expenses for multiple purchases, events and/or trips should be included by separate expense types on the attached statement, Expense Form for Multiple Purchase and/or Events).	
Expense Approver: _____	Title: _____
Signature: _____	Date: _____
(Expense approver may be the supervisor. However, the Dean, Director or Department Head must sign as approver when the expense report exceeds \$10,000).	

**Please Check the Applicable Box**

- Noted Exception:** The expenses are beyond the 45-day period, but they fall within 60 days of the start date as defined in section III. above and the individual has made a good-faith effort to comply with the SPG.  
**(No explanation or documentation is needed)**
  
- Exceptions Based on Extenuating Circumstances; please provide details in box below:
  - Extended personal illness
  - Death in the family
  - Unanticipated leave of absence
  - Unforeseen emergency beyond the control of the employee.
  - Other

- Please provide an explanation below and attach any documents as support.

Please contact the tax team with any questions at [taxreporting@umich.edu](mailto:taxreporting@umich.edu).

### Form for Multiple Purchases, Events and/or Trips

Fill out the form for multiple purchases, events and/or trips that are beyond the submission date.

Purchase(s)/Event \_\_\_\_\_ and End Date(s) \_\_\_\_\_

Expense Description	Expense Date	Business Purpose Details	Amount
Total			

Purchase(s)/Event \_\_\_\_\_ and End Date(s) \_\_\_\_\_

Expense Description	Expense Date	Business Purpose Details	Amount
Total			