

CTPS/STEPS Late Exception Request Form

NOTE: This form should be used for all travel requests with a start date less than 30 days. The form should be completed by the traveler, passed on to the planner, signed by the supervisor and routed to the AO for approval by the ARC Director.

Traveler's Name: _____

Travel Planner: _____

Conference/Meeting Title: _____

Sponsoring/Host Organization: _____

Location/Venue: _____

Official Conference/Meeting Dates: _____

City, State: _____

Role: Chair Speaker Presenter Other: _____

Registration Cost: _____

Travel Cost (to NIH): _____

Sponsor Cost (if applicable): _____

Total Travel Costs: _____

Justification for exception request: (*Attach copy of invitation letter)

Supervisor Approval: _____

Administrative Officer Approval: _____

ARC Director Approval: _____

Date Entered in System: _____