

EXCEPTION WAIVER

TRAVELER'S NAME: _____

COUNTRY TO BE VISITED: _____

PURPOSE OF TRAVEL: _____

TRAVELER'S SPECIFIC ROLE: _____

OTHER HQ OR FIELD PERSONNEL ATTENDING AND THEIR ROLES: _____

IMPACT TO THE PROGRAM IF TRAVEL DOES NOT OCCUR: _____

WHY IS TRAVEL BEING SUBMITTED AFTER THE 30-DAY DEADLINE? _____

DEPUTY ASSISTANT SECRETARY, DEPUTY ADMINISTRATOR,
EQUIVALENT OR DESIGNEE

DATE