

PENNSSTATE



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Cost Accounting Justification

College of Agricultural Sciences

Account Number of attached request: \_\_\_\_\_

Item for which exception requested: \_\_\_\_\_

Department/Center: \_\_\_\_\_

*I understand by signing this request the Department accepts full responsibility for any expenses that may be disallowed.*

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

Department Head

**\*\*Cover sheet must accompany the completed Cost Accounting Justification Form\*\***