



**Out of Policy - Travel Reimbursement**

Dates of Trip

Name of Traveler

Destination

Travel Reimbursement Amount:

Purpose of Trip

Why was certification of leave not submitted?

Traveler Signature

Faculty Adviser Signature (if applicable)

Dean's Approval

*Return completed form to CPSPE Office of Finance & Budget GDYR 333A  
or email [finance-cpspe@uakron.edu](mailto:finance-cpspe@uakron.edu)*