Travel Authorization & Reimbursement Deviation Form

Complete this form whenever university travel procedures or travel policy requirements were not followed.

Employee Name

Department Name / Number

Employee ID or WIN

Date Deviation Form Submitted

Destination(s)

Travel Dates

From To

TA Number and Date TA Approved

Timing: ☐ Before travel ☐ After travel

Reason for Exception (check all that apply):

- ☐ Travel Authorization not approved before travel
- ☐ Required receipt unavailable
- ☐ Preferred travel vendor not used (CTP/Enterprise)
- ☐ University vehicle procedures not followed
- ☐ University lodging guidelines not followed
- ☐ Other

Explanation:

Employee Acknowledgment

I certify the information is accurate and complete. I understand this request documents a deviation from University travel procedures and does not guarantee reimbursement. Repeated submission of this form may result in revocation of authorization to travel using University funds.

Employee Signature _____ Date

Immediate Supervisor _____ Date

Dean/VP (if required) _____ Date

Controller's Office _____ Date