

Travel Policy Deviation Form



Complete this form whenever university travel procedures or 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

Please provide an 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