***University of Wisconsin Oshkosh***

**Accountable Plan Exception Request Form**

*See Policy 405 – Travel (*[*https://www.wisconsin.edu/uw-policies/uw-system-administrative-policies/travel-and-expense-general-travel-expense-policy/*](https://www.wisconsin.edu/uw-policies/uw-system-administrative-policies/travel-and-expense-general-travel-expense-policy/)*) for complete policy requirements regarding Accountable Plan Exception Requests. This form must be electronically attached to the related reimbursement request.*

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| **To be completed by the Expense Claimant:** |
| Claimant’s Name: |       |
| Please select one of the following: |
| **[ ]**  | **Expenses are travel related** | Last Date of Business Travel: |  |
| **[ ]**  | **Expenses are non-travel related** | Earliest Date Expenses Were Incurred: |  |
| **[ ]**  | **Tuition Reimbursement** | Course End Date: |  |
| Please provide a brief summary of the trip taken or the expenses incurred: |
|       |
| Please provide a detailed explanation of the extenuating circumstances that prohibited timely submission of the expenses described above: |
|       |
| **Claimaint’s Signature:** |  | **Date:** |       |

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| **To be completed by the Dean/Associate Vice Chancellor** |
| *I, the undersigned representative of my School/College/Auxiliary’s Divisional Business Office, approve this exception and the submission of this reimbursement claim.* |
| Comments: |
|  |
| **Printed Name:** |  | **Date:** |  |
| **Signature:** |  |