***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.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **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:** |  |