

KSUCPM Prospective Student Travel Expense Reimbursement Request

Kent State University College of Podiatric Medicine | Office of Enrollment Management and Student Affairs
6000 Rockside Woods Boulevard, Independence, OH 44131 | 216.231.3300 | kschae10@kent.edu

Name: _____ Phone: _____

Address: _____

Email: _____ Date(s) of Travel: _____

Expense Type	Amount
Airfare	_____
Taxi	_____
Uber/Lyft	_____
Bus/Train	_____
Other	_____

Total Requested Reimbursement: \$_____

Itemized receipts attached

Please submit completed form and receipts via email to: kschae10@kent.edu

Reimbursement requests will be processed following completion of the prospective student's interview/visit with KSUCPM.

I certify that the expenses submitted are accurate and related to my prospective student visit/interview travel for KSUCPM.

Signature: _____ Date: _____