

# 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](mailto: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](mailto: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: \_\_\_\_\_

Student Affairs Authorization: \_\_\_\_\_

Date: \_\_\_\_\_