

UW Bothell Shared Services

NON-UW EMPLOYEE TRAVEL EXPENSE REIMBURSEMENT CLAIM FORM

This form is for UW students (who are not UW employees), Faculty/Staff Candidate or Guest/Visitor for claiming travel reimbursement. All travel expenses listed below must be incurred on behalf of UW business purposes. By completing this form, the traveler verifies that no expenses listed below were already reimbursed by UW or paid by a outside entity. The traveler will provide proper documentation, such as receipts and department approvals, for expenses listed below. Complete form below for items you're seeking reimbursement with full dollar amount.

Traveler Information												
Traveler: Guest or Visitor, Faculty/Staff Candidate, and UW Student	Name _____						Date Submitted _____					
	Home (City/State) _____						UW Box# _____					
	UW Student				Faculty/Staff Candidate				Guest/Visitor			
Are you a US Citizen or a Green Card holder? Yes No												
If you answered "No", please select either "not entering/leaving US" or your <u>Visa Type/Status</u> :												
If you did <u>enter/leave the U.S.</u> , please provide a hardcopy of your <u>Passport Identity Page:</u> _____ and <u>I-94 form</u> :												
Trip Information												
Event, Conference or Meeting	Name _____						Travel Start Date and Time _____					
	Location _____						Travel End Date and Time _____					
Travel Approval Not Required				Signed Travel Approval Attached				Conference Docs Attached				
Personal Time	No	Yes	Location	Start Date/Time	End Date/Time	Location	Start Date/Time	End Date/Time	Location	Start Date/Time	End Date/Time	
~ ENTER ONLY EXPENSES REQUESTED FOR PERSONAL REIMBURSEMENT ~											AMOUNT	
Professional Fees	Registration		Membership			Receipt(s) attached (required)						
Airfare	Itinerary/Receipts attached			Comparison Airfare attached (required if personal time is included)				Paid by CTA				
Baggage Fees	Date:		Cost:		Date:		Cost:					
Ground Transportation (car rental, tolls, gas, parking, taxi, bus,...)	Date	Type	Cost	Receipt and Map attached?	UW Business Purpose							
Privately Owned Vehicle Mileage	Total Miles Driven:			Map(s) attached (required):			Mileage Rate 2019:		0.580			
Lodging	Prepaid hotel receipt or checkout folio attached (required)											
Per Diem rate exceeded See: GSA Per Diem Rates and UWTravel Lodging Exceptions Prior approval is required for exceeding rates, and one of the following exceptions below <u>must</u> apply:												
Conference hotel **				Lower cost overall				Suite required				
**Conference hotel info attached				Special event/disaster				ADA or safety/health				
Meals	RECEIPTS ARE NOT REQUIRED FOR TRAVELERS CLAIMING STANDARD MEAL PER DIEM RATES											
Were any meals provided by others? Yes No See: UWTravel Meals (Per Diem)												
List Meals: _____												
Meals cannot be claimed for reimbursement if: (a) provided by the conference; (b) included within lodging price (i.e. BnB); or (c) paid by other attendees. <u>Unsure what the Per Diem rate is? Check this box and fill in the dates below to be claimed</u>												
	Date:											
	Breakfast											
	Lunch											
	Dinner											
Other Miscellaneous (descriptions and costs)												
Reimbursement not to exceed funding limit without Department approval.												
POINT PERSON USE ONLY	Budget Number:			Task/Option/Project:			Total:					