

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 an 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																																										
	EU GDPR Requirement: Was the traveler/payee physically in the EU at the time this information was provided? No, EU GDPR does not apply. Yes, EU GDPR Privacy Notice has been provided by the Point Person.																																																
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 Visa Type/Status : If you did enter/leave the U.S. , please provide a hardcopy of your Passport Identity Page: _____ and I-94 form : _____																																																	
Trip Information																																																	
Event, Conference or Meeting	Name _____					Travel Start Date and Time _____																																											
	Location _____					Travel End Date and Time _____																																											
<i>Travel Approval Not Required</i>			<i>Signed Travel Approval Attached</i>			<i>Conference Docs Attached</i>																																											
Personal Time	No	Yes	Location	Start Date/Time	End Date/Time																																												
			Location	Start Date/Time	End Date/Time																																												
~ ENTER ONLY EXPENSES REQUESTED FOR PERSONAL REIMBURSEMENT ~																																																	
Professional Fees	Registration		Membership		<i>Receipt(s) attached (required)</i>																																												
	<i>Itinerary/Receipts attached</i>		<i>Comparison Airfare attached (required if personal time is included)</i>			<i>Paid by CTA</i>																																											
Baggage Fees	Date:	Cost:	Date:	Cost:																																													
Ground Transportation <small>(car rental, tolls, gas, parking, taxi, bus,...)</small>	Date	Type	Cost	Receipt and Map attached?	UW Business Purpose																																												
Privately Owned Vehicle Mileage	Total Miles Driven: _____		<i>Map(s) attached (required):</i>			Mileage Rate 2019: _____		0.580																																									
	Lodging <i>Prepaid hotel receipt or checkout folio attached (required)</i> 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 must 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. Unsure what the Per Diem rate is? Check this box and fill in the dates below to be claimed																																																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Date:</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Breakfast</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Lunch</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Dinner</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>										Date:										Breakfast										Lunch										Dinner									
Date:																																																	
Breakfast																																																	
Lunch																																																	
Dinner																																																	
Other Miscellaneous <small>(descriptions and costs)</small>																																																	
Reimbursement not to exceed funding limit without Department approval.																																																	
POINT PERSON USE ONLY	Budget Number: _____		Task/Option/Project: _____			Total: _____																																											