

UW Bothell Shared Services

UW EMPLOYEE TRAVEL EXPENSE REIMBURSEMENT CLAIM FORM

This form is for UW employees and UW student employees 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: UW Employee or UW Student Employee	Traveler Type: <input type="checkbox"/> UW Employee <input type="checkbox"/> UW Student Employee		UW NetID _____							
	Name _____				Date Submitted _____					
	Home (City/State) _____				UW Box# _____					
	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.									
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 ~										
									AMOUNT	
Professional Fees	Registration		Membership			<i>Receipt(s) attached (required)</i>				
	<i>Itinerary/Receipts attached</i>					<i>Comparison Airfare attached (required if personal time included)</i>			<i>Paid by CTA</i>	
Airfare	Date: _____		Cost: _____		Date: _____		Cost: _____			
Baggage Fees										
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: _____		<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			
	<i>**Conference hotel info attached</i>			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: _____									
	<i>Meals cannot be claimed for reimbursement if:</i>									
	(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									
	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: _____				