

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: UW Employee 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 EXPENSES REQUESTED FOR 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	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 7.1.22: _____		0.625		
Lodging	<i>Prepaid hotel receipt or checkout folio attached (required)</i>									
	<i>Per Diem rate exceeded</i> See: GSA Per Diem Rates and UWTravel Lodging Exceptions									
	<i>Approval is required for exceeding rates, and one of the following exceptions below must apply:</i>									
	<i>Conference hotel **</i>			<i>Lower cost overall</i>			<i>Suite required</i>			
<i>**Conference hotel info attached</i>			<i>Special event/disaster</i>			<i>ADA or safety/health</i>				
Meals	<i>RECEIPTS ARE NOT REQUIRED FOR TRAVELERS CLAIMING STANDARD MEAL PER DIEM RATES</i>									
	Were any meals provided by others? Yes No See: UWTravel Meals (Per Diem)									
	List Meals: _____									
	<i>Meals cannot be claimed for reimbursement if:</i>									
	<i>(a) provided by the conference; (b) included within lodging price (i.e. BnB); or (c) paid by other attendees.</i>									
	<i>Unsure what the Per Diem rate is? Check this box and fill in the dates below to be claimed</i>									
	Date:									
	Breakfast									
Lunch										
Dinner										
Other Miscellaneous (descriptions and costs)										
<i>Reimbursement not to exceed funding limit without Department approval.</i>										
POINT PERSON USE ONLY	Budget Number: _____		Task/Option/Project: _____			Total: _____				