

## UNIVERSITY of WASHINGTON | BOTHELL

## **SHARED SERVICES: Non-Travel Reimbursement REQUEST FORM**

~Note: For travel-related expenses, use eTravel Claim Form~

Purchaser:	UW Employe	e 🗆 UW Student Em	ployee 🗆	]	UW Student	t 🗆 💮 N	Non-UW Em	ployee $\square$				
Name:				_ UW NetID:			Request Date:					
Department:  Non-UW Employees: Please provide contact information below for pro-				<del>-</del>			Reimbursement Requirements:  • Itemized receipts are required for all reimbursements. Receipts must include:					
Street:				E-mail:			<ul> <li>Vendor Name</li> <li>Description of purchase</li> </ul>					
City:		State:		Phone:			<ul> <li>Amount Paid</li> <li>Date Paid</li> <li>Signature</li> </ul>					
Zip Code:		Seattle-Area Meal Per Diem Rates:  Breakfast Lunch	<b>Rates Eff</b> <b>Oct. 2022</b> \$19	Effective from 2022 – Sept. 2023			•	Food purchases:				e or example, it ement. e-mail
Purchase Date	Expense Description	Business Purpose - Describ purchase is work related and is benefited by the purch	how UW	Amount Paid	Was Sales Tax Paid?	Item has been received		of Delivery tation(attach)	_	Cost Center, Resou Fund; etc. (Grant, Gi	•	•
Comments:			Total:					Send compl	eted form a	nd receipts to the U	nit Point Po	erson
	l <mark>uirement:</mark> Was tl PR does not apply	the purchaser physically in the $ u$ . $ \Box$ Yes, EU GDP			-	•	Person.					