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:	Traveler Type	e: UW	Employe	9		UW Student Employee					UWI	UW NetID					
UW Employee or UW Student	Name									Date Submitted							
Employee	Home (City/State) UW Box#																
	EU GDPR Requirement : Was the traveler/payee physically in the EU at the time this information was provided?																
		, EU GDP			, p , c .	p, cca								Point Person.			
Trip Information																	
Event,	Name								Trave	l Start D	ate and	Гіте		- 			
Conference or Meeting	Location Travel End Date and Time																
Weeting	Tra	vel Appro					l Travel A _l		al Att	ached							
	No Yes	Loca	ation Start Date/Time							End Date/Time							
Personal Time	140 163		Location			Start Date/Tim			End Da								
		Loca				-								AMOUNT			
Professional Fees	The state of the s																
Airfare	Itinerary/Receipts Comparison Airfare attached (required if attached personal time included)																
Baggage Fees	Date: Cost: Date:									Cost:							
Ground			T		Cost	Re	ceipt and N	/lap									
Transportation	Date		Туре				attached?			UW	Business	ness Purpose					
/car rantal talls																	
(car rental, tolls, gas, parking, taxi,			+														
bus,)																	
Privately Owned	Tatal Miles Drivers																
Vehicle Mileage	Total Miles Driven: Map(s) attached (required): Mileage Rate 1.1.24: 0.670																
Lodging	Prepaid hotel receipt or checkout folio attached (required)																
	Per Diem ra	te exceed	ded	See:	GSA Per	Diem R	ates	and		<u>UWTrav</u>	el Lodgin	g Exception	<u>ons</u>				
	Appr	oval is red	quired for	exceedir	ng rates, d	ind one	of the follo	owing	д ехсе	ptions b	elow <u>m</u>	<u>ust</u> apply	:				
		Confere	ence hote	**		Lowe	r cost ove	rall			Suite r	equired					
	**Conferen	ce hotel in	nfo attach	ed	s	pecial ev	vent/disas	ter		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: <u>UWTravel Meals (Per Diem)</u> 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																
	Date: Breakfast																
	Lunch						+										
	Dinner																
Other	Diffile																
Miscellaneous																	
(descriptions and																	
costs)	Reimbursement not to exceed funding limit without Department approval.																
		Keili	arsenie		checca je	amy II	witho	De	pui til	.cm upp							
POINT PERSON USE ONLY	Worktags:									Total:							
OSL OIVET														<u> </u>			