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 a nontaxable travel reimbursement including foreign nationals. All travel expenses listed below must be incurred on behalf of UW business purposes. By completing this form, the traveler/department verifies that no expenses listed below were already reimbursed by UW or paid by a outside entity. The traveler/department 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.

Without completion of this form, the traveler will receive a 1099-NEC (Non-employee compensation) form.

Please be sure to attach all required receipts to the expense report/miscellaneous payment. Failure to do so will result in your reimbursement being processed as income.

Traveler Information												
Traveler:	Name				Date S						itted	
Guest or Visitor, Faculty/Staff	Home (City/State)					UW Box						
Candidate, and	UW Student Faculty/Staff Ca					andidate Guest/Visitor						
UW Student	EU GDPR Requirement : Was the traveler/payee physically in the EU at the time this information was provided?											
		-	es not apply.	/payee pi	-	Yes, <u>EU GDPR</u>				-		erson.
					Are	you a US Citiz	z en or	a Green Car a	l holder ?	Yes		No
	If you answer	ed "No" plea	se select either	'not enter		•						
									<u> </u>			ad 104 farms
	ıf you ala ent	er/leave the (J.S. , please prov			of your <u>Passp</u> Iformation	ort Iae	entity Page:			ar	nd <u>I-94 form :</u>
Event,	Name				iip ii	IIOIIIIatioii		Tues sel Chest	Data and	T:		
Conference or	Name Travel Start Date and Time Location Travel End Date and Time											
Meeting	Travel Approval Not Required Signed Travel Approval Attached Conference Docs Attached											
												ittucheu
Personal Time	No Yes					Date/Time		End Dat				
		Locatio				Date/Time	End Date/Time			1e		
Duefessional Face	** ENTER EXPENSES REQUESTED FOR REIMBURSEMENT * AMOUNT Bees Pagistration Membership Respirately attached (required)											
Professional Fees	Registration Membership Receipt(s) attached (required) Itinerary/Receipts Comparison Airfare attached (required if											
Airfare		attached		personal time is incl				Paid by CTA				
Baggage Fees	Date:		Cost:			Date:			Cost:			
Ground	Date		Туре	Cost		Receipt and Map attached?		UW Business Purpose		Purpose		
Transportation												
(car rental, tolls, gas, parking, taxi,												
bus,)												
Privately Owned	Total Miles Driven: Map(s) a					ached (required): Mileage Rate 1.1.23				23: 0.0	655	
Vehicle Mileage												
Lodging	Prepaid hote	el receipt or cl	heckout folio att	ached (re	quire	d)						
	Per Diem rate exceeded See: GSA Per Diem Rates and UWTravel Lodging Exceptions											
	Αp		iired for exceed	ing rates, (and o	ne of the follo	owing (exceptions be	low <u>mus</u>	<u>t</u> apply:		
		Conference	e hotel **		L	ower cost ove	erall		Suite	required		
	_	ce hotel info			•	al event/disa			A or safet			
Meals		RECEIPTS ARI	NOT REQUIRED	Yes	VELE		STAND See:					
	List Meals:	Cais provided	by others:	103		140	JCC.	OWNIGUE	vicuis (i c	<u> </u>		
	4.1					ned for reimb			:11			
			conference; (b) Per Diem rate is							r attenaee	es.	
	Date:											
	Breakfast											
	Lunch											
0.1	Dinner											
Other Miscellaneous												
(descriptions and costs)	and											
	R	Reimburser	nent not to e	xceed fu	undi	ng limit wi	thout	t Departme	ent app	roval.		
POINT PERSON	Worktons									Total		
USE ONLY	Worktags:										Total:	