

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>																																																				
Airfare	<i>Itinerary/Receipts attached</i>			<i>Comparison Airfare attached (required if personal time included)</i>			<i>Paid by CTA</i>																																																				
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 1.1.25: _____			0.70																																																	
Lodging	<i>Prepaid hotel receipt or checkout folio attached (required)</i>																																																										
Per Diem rate exceeded See: GSA Per Diem Rates and UWTravel Lodging Exceptions Approval is required for exceeding rates, and one of the following exceptions below <u>must</u> apply: Conference hotel ** Lower cost overall Suite required **Conference hotel info attached Special event/disaster ADA or safety/health																																																											
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> (a) provided by the conference; (b) included within lodging price (i.e. BnB); or (c) paid by other attendees. <i>Unsure what the Per Diem rate is? Check this box and fill in the dates below to be claimed</i>																																																											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Date:</th> <th style="width: 10%;"></th> <th style="width: 10%;"></th> <th style="width: 10%;"></th> <th style="width: 10%;"></th> <th style="width: 10%;"></th> <th style="width: 10%;"></th> <th style="width: 10%;"></th> <th style="width: 10%;"></th> <th style="width: 10%;"></th> <th style="width: 10%;"></th> <th style="width: 10%;"></th> </tr> </thead> <tbody> <tr> <td>Breakfast</td> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td>Lunch</td> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td>Dinner</td> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </tbody> </table>												Date:												Breakfast												Lunch												Dinner											
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Dinner																																																											
Other Miscellaneous (descriptions and costs)																																																											
<i>Reimbursement not to exceed funding limit without Department approval.</i>																																																											
POINT PERSON USE ONLY	Worktags: _____						Total: _____																																																				