



TRAVEL REIMBURSEMENT REQUEST FORM

NOTE: please complete this form, attach all original receipts, and a copy of the program agenda for any conference or meeting attended, and send to Finance and Research Services - Parrington Hall, Room 303, Box 353055.

Name of Traveler: _____ Today's Date: _____

Address: _____ Email: _____

Name of Person completing form (if different from traveler): _____

TRIP INFORMATION

Purpose of Travel: _____

Destination: _____

Date and Time of Travel: Departure: _____ Return: _____

Personal time*: _____

*Include exact times personal time began and ended, and the location(s).

Are you a U.S. Citizen Yes No

TRANSPORTATION

Airfare (attach a copy of itinerary) \$: _____

Taxi and Bus Fare (list dates here): \$: _____

Train/Rail (attach a copy of itinerary) \$: _____

Car Rental (attach final rental agreement) \$: _____

Mileage (attach Google Maps results - see Travel website for rate) \$: _____

Parking (list dates here): \$: _____

Other: \$: _____

Total Transportation \$ _____

LODGING AND PER DIEM

Lodging Claimed (room rate & taxes only) \$: _____ Meal Expenses \$: _____

Were any meals provided to you? If so, please indicate which days/meals. _____

Did you host any meals on UW business? If so, please indicate which meals and attach names/affiliations of those hosted and include itemized receipts. _____

Total Lodging and Per Diem Claimed \$ _____

MISCELLANEOUS EXPENSES

Telephone/Fax/Internet (business related) \$: _____

Registration/Membership Fees \$: _____

Other: \$: _____

Total Miscellaneous Expenses \$ _____

TOTAL AMOUNT CLAIMED

Funding Source: _____ Total Amount Claimed \$ _____

Task Option Project

BUDGET INFORMATION (FISCAL USE ONLY)

Budget Name: _____ Budget #: _____

Authorized Signature(s): _____