

TRAVEL EXPENSES SUMMARY

Detailed travel information to be found at: <http://www.washington.edu/admin/finserv/travel>

TRAVELER INFORMATION:

Name: _____ Phone #: _____ UW Box# _____

Home Address (city/state): _____ Official Duty Station(city/state): _____

UW Employee (on payroll): YES NO

US CITIZEN YES NO

IF NO ATTACH COPY OF PASSPORT AND I-94 DOCUMENTATION

TRIP INFORMATION:

Purpose of this trip(include destination City and State, Name of event (no acronyms), date(s):

(please use another sheet if necessary)

Date: _____ **Time:** _____

Departure from official station or home: _____ am pm

Arrival at official station or home: _____ am pm

Did trip include **PERSONAL TIME**? YES NO

dates & times of day personal time began and ended: _____ am pm

(please use another sheet if necessary)

EXPENSES:

Please check the following travel expenses that apply toward requested travel reimbursement:

Original receipts are required for all items exceeding \$50.00. Additionally, lodging, car rental, domestic laundry receipts, and meals paid for others are required regardless of cost.

Airfare (provide itinerary) Paid with CTA? YES NO \$ _____

State Contract used? : YES NO

Exception Reason: cheaper flights no timely flights no seats no contract fare

Lodging (provide itemized hotel bill) \$ _____

Claiming exception? YES NO **Reason:** conf hotel lower cost over all suite req
 special event/disaster ADA/Health/Safety

Car Rental (include receipt): \$ _____

Misc/Other Expenses: _____
(please list expense type and amounts): _____

Registration: Paid with Procard? YES NO

Were any meals or other costs included? (Regardless if registration was paid) YES NO

Please describe **other costs:** _____

Meals Included (provide dates of included meals)

Breakfast

Lunch

Dinner

PRIVATE AUTOMOBILE MILEAGE:

From: _____ **To:** _____ **# of miles:** _____

Attach mileage log for vicinity miles or Mapquest for point to point miles.

COMMENTS: _____

