## NON-EMPLOYEE TRAVEL 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. Fill out Traveler Information and Trip Information sections completely.

					Trav	veler I	nformation	1							
Traveler:	Name							Date Submitted							
Guest or Visitor,	Home (City/State)										Phone Number				
Faculty/Staff	Home (City,	_					(Dept. Specific)								
Candidate, and UW Student	uw	Faculty/Staff Candidate					Guest/Visitor								
o i o o o o o o o o o o o o o o o o o o	Universal Pay	ee Requiren	nent: W	as the tr	aveler/pav	yee pro	ovided the U	IW Pri	vacy Notice?						
	,						otice has be								
					ļ	Are you	u a <b>US Citize</b>	en or o	a <b>Green Card</b>	holder?	Yes		No		
	If you answere	ed " <u>No</u> ", pl	ease sel	ect eithe	r " <b>not ent</b>	tering/	leaving US	" or yo	our <b>Visa Type</b> ,	/Status :					
	If you did ente	er <b>Visa Type</b>	/Status	, provide	e upload Fo	oreign	National do	cumer	ntation to the	Procure	ment Doc	usign.		_	
	,,			.,,,			ormation							_	
Event,	Name								Travel Start Γ	ate and	Time				
Conference or	Name Travel Start Date and Time  Location Travel End Date and Time														
Meeting															
Personal Time	No Yes Location		on			Start Date/Time			End Date/Time			ie			
		on			Start Date/Time				End	Date/Tim	ie				
		~ ENTER	RONLY	EXPENS	ES REQU	ESTED	FOR PERS	ONAL	REIMBURS	EMENT	~		AMOUN	1T	
Professional Fees	Registratio	n	Memb	ership	Abst	ract Fe	ee			-	-				
Airfare	Itinerary/Re	eceipts atta	ched	Com	parison A	irfare (	attached (re	quire	d if personal t	ime is in	cluded)				
Baggage Fees	Date: Cost: Date: Cost:							Cost:							
Ground	Date. Date		Туре		Cost		Receipt and I		LIW		Purpose				
Transportation	Date		туре		Cost		attached?	2	OW	Dusilless	ruipose		-		
(car rental, tolls,													_		
gas, parking, taxi,													_		
bus,)													_		
Privately Owned	Total Miles	Driven:			Map(s) a	ttache	d (required	):	Mileage	Rate 202	<b>4:</b> 0.6	70			
Vehicle Mileage								•							
Lodging	Prepaid hote	l receipt or	checkou	ıt folio a	ttached (re	equire	d)								
	Per Diem ra	te exceeded	ł	See:	GSA Pe	r Diem	Rates	and	<u>UWTrave</u>	el Lodging	g Exceptio	ns			
	Prior approval is required for exceeding rates, and one of the following exceptions below <u>must</u> apply:														
	Conference hotel Lower cost overall Suite required														
		Non-U	eler	S	Special event/disaster				ADA or safety/health						
Meals															
	Were any meals provided by others? Yes No See: <u>UWTravel Meals (Per Diem)</u>														
	List Meals:														
	(a) nra	idad hu tha	conforce				ed for reimb			aid by oth	nor attand	ooc			
	(a) prov								BnB); or <b>(c)</b> po s <b>cellaneous</b> " S		ier uttendi	ees.			
	Date:														
	Breakfast														
	Lunch	+					+								
	Dinner						+								
Other	Diliner							<u> </u>							
Miscellaneous															
(descriptions															
and costs)	Departments may establish stricter policies due to funding and compliance concerns.														
	vepartr	nents ma	iy esta	iviisn s	tricter p	OIICIE	es aue to	jund	ıng ana co	mpiian					
										_	1	Total:			