## **Employee Pre-Reimbursement Checklist**

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:	Traveler Type:			UW S	tudent Emp	loyee		UWI						
UW Employee or UW Student	Name							Date S						
Employee	-													
. ,	Home (City/State) UW Box# Universal Payee Requirement: Was the traveler/payee provided the UW Privacy Notice?													
	Yes, the U				,, ,	ee pro	vided the <u>u</u>	OV PII	vacy Notice:					
	Trip Information													
Event,	Name					•			Travel Start	Date and T	Timo			
Conference or	_				Travel Start Date and Time  Travel End Date and Time									
Meeting	Location	tu d												
	Travel Approval Not Required Signed Travel Approval Attached Conference Docs													
Personal Time	No Yes	No Yes Location			Start Date/Time					End Date/Time				
reisonal fillie	Location				Start Date/Time					End	ne			
		~ ENT	ER ONLY	EXPENS	ES REQU	ESTEL	FOR PER	SONA	<u>L</u> REIMBUR	SEMENT '	~		AMOUNT	
Professional Fees	i i i i i i i i i i i i i i i i i i i													
Airfare	Itinerary/Receipts Comparison Airfare attached (required if attached personal time included)													
Baggage Fees	Date:			Cost:			Date:			Cost:				
Ground	Date		Туре		Cost		Receipt and		U\	V Business	Purpose			
Transportation							attached	l f						
(car rental, tolls,														
gas, parking, taxi,														
bus,)														
		-											-	
Privately Owned	Total Baller				/>		.,				- Fa:	70		
Vehicle Mileage	Iviap(s) attached (required): Ivilleage Rate 2025:   0.70													
Lodging	Prepaid hotel	receipt o	r checkou	t folio at	tached (r	equire	d)							
	Per Diem rate	exceed	ed	See:	GSA Pe	r Dien	Rates	and	UWTrav	el Lodging	Exceptio	<u>ns</u>		
	Prior app	oroval is	required f	or excee	ding rate:	s, and	one of the j	follow	ing exception	s below <u>r</u>	nust app	ly:		
		Confere	ence hotel	**		Lo	wer cost ov	erall		Suite r	equired			
	**Conforme					AD								
Meals	**Conference hotel info attached Special event/disaster ADA or safety/health  RECEIPTS ARE NOT REQUIRED FOR TRAVELERS CLAIMING STANDARD MEAL PER DIEM RATES													
Wicais														
	Were any meal	is provia	ea by oth	ers?	Yes	ľ	lo	See:	<u>UWTravel M</u>	eais (Per L	<u>viem)</u>			
	List Meals:			Meals o	annot he	claim	ed for reimb	nursen	nent if:					
	(a) provid	ed by the	e conferen							aid by oth	er attend	ees.		
	(a) provided by the conference; (b) included within lodging price (i.e. BnB); or (c) paid by other attendees. <u>Unsure what the Per Diem rate is? Check this box and fill in the dates below to be claimed</u>													
	Date:													
	Breakfast													
	Lunch													
	Dinner													
Other							•		•					
Miscellaneous														
(descriptions and costs )														
,	Reir	nburse	ment n	ot to e	xceed fu	ındin	g limit w	ithou	ıt Departr	nent apı	oroval.			
POINT PERSON	Cost Cente						nal Workta					Total:		
LISE ONLY					1			-						