

# 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: UW Employee or UW Student Employee	Traveler Type: <input type="checkbox"/> UW Employee		<input type="checkbox"/> UW Student Employee			UW NetID _____				
	Name _____					Date Submitted _____				
	Home (City/State) _____					UW Box# _____				
	Universal Payee Requirement: Was the traveler/payee provided the <a href="#">UW Privacy Notice</a> ? Yes, the UW Privacy Notice has been provided.									
Trip Information										
Event, Conference or Meeting	Name _____				Travel Start Date and Time _____					
	Location _____				Travel End Date and Time _____					
<span style="margin-right: 100px;"><i>Travel Approval Not Required</i></span> <span style="margin-right: 100px;"><i>Signed Travel Approval Attached</i></span> <span><i>Conference Docs Attached</i></span>										
Personal Time	No	Yes	Location		Start Date/Time		End Date/Time			
			Location		Start Date/Time		End Date/Time			
~ ENTER ONLY EXPENSES REQUESTED FOR <u>PERSONAL</u> REIMBURSEMENT ~										
									AMOUNT	
Professional Fees	Registration		Membership			<i>Receipt(s) attached (required)</i>				
	<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  (car rental, tolls, gas, parking, taxi, bus,...)	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 2026: _____		0.725		
Lodging	<i>Prepaid hotel receipt or checkout folio attached (required)</i>									
	Per Diem rate exceeded      See: <a href="#">GSA Per Diem Rates</a> and <a href="#">UWTravel Lodging Exceptions</a> Prior approval is required for exceeding rates, and one of the following exceptions below <b>must</b> apply:									
	Conference hotel **			Lower cost overall			Suite required			
	<i>**Conference hotel info attached</i>			Special event/disaster			ADA or safety/health			
Meals	<b>RECEIPTS ARE NOT REQUIRED FOR TRAVELERS CLAIMING STANDARD MEAL PER DIEM RATES</b>									
	Were any meals provided by others?    Yes    No    See: <a href="#">UWTravel Meals (Per Diem)</a>									
	List Meals: _____									
	<b>Meals cannot be claimed for reimbursement if:</b>									
	(a) provided by the conference; (b) included within lodging price (i.e. BnB); or (c) paid by other attendees.									
	<b>Unsure what the Per Diem rate is? Check this box and fill in the dates below to be claimed</b>									
	Date:									
Breakfast										
Lunch										
Dinner										
Other Miscellaneous (descriptions and costs)										
<b>Reimbursement not to exceed funding limit without Department approval.</b>										
<b>POINT PERSON USE ONLY</b>	<i>Cost Center:</i>		Additional Worktags:				Total:			