

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.

Traveler Information									
Traveler: Guest or Visitor, Faculty/Staff Candidate, and UW Student	Name _____					Date Submitted _____			
	Home (City/State) _____					Phone Number _____ (Dept. Specific)			
	UW Student			Faculty/Staff Candidate			Guest/Visitor		
Universal Payee Requirement: Was the traveler/payee provided the UW Privacy Notice ? Yes, the UW Privacy Notice has been provided									
Are you a US Citizen or a Green Card holder ? Yes No									
If you answered " No ", please select either " not entering/leaving US " or your Visa Type/Status : _____ If you did enter Visa Type/Status , provide upload Foreign National documentation to the Procurement DocuSign . _____									
Trip Information									
Event, Conference or Meeting	Name _____					Travel Start Date and Time _____			
	Location _____					Travel End Date and Time _____			
Personal Time	No	Yes	Location	<input type="text"/>	Start Date/Time	<input type="text"/>	End Date/Time	<input type="text"/>	<input type="text"/>
			Location	<input type="text"/>	Start Date/Time	<input type="text"/>	End Date/Time	<input type="text"/>	<input type="text"/>
~ ENTER ONLY EXPENSES REQUESTED FOR PERSONAL REIMBURSEMENT ~									
									AMOUNT
Professional Fees	Registration		Membership		Abstract Fee				
Airfare	<i>Itinerary/Receipts attached</i>				<i>Comparison Airfare attached (required if personal time is included)</i>				
Baggage Fees	Date:	<input type="text"/>	Cost:	<input type="text"/>	Date:	<input type="text"/>	Cost:	<input type="text"/>	
Ground Transportation <small>(car rental, tolls, gas, parking, taxi, bus,...)</small>	Date	Type	Cost	Receipt and Map attached?	UW Business Purpose				
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Privately Owned Vehicle Mileage	Total Miles Driven: <input type="text"/>		Map(s) attached (required):			Mileage Rate 2025: <input type="text"/>		0.700	
Lodging	Prepaid hotel receipt or checkout folio attached (required) Per Diem rate exceeded See: GSA Per Diem Rates and UWTravel Lodging Exceptions Prior approval is required for exceeding rates, and one of the following exceptions below must apply:								
	Conference hotel			Lower cost overall			Suite required		
	Non-UW Traveler			Special event/disaster			ADA or safety/health		
Meals	Were any meals provided by others? Yes No See: UWTravel Meals (Per Diem) List Meals: <input style="width: 600px;" type="text"/> Meals cannot be claimed for reimbursement if: (a) provided by the conference; (b) included within lodging price (i.e. BnB); or (c) paid by other attendees. Meals Paid for Others are to be listed in the "Other Miscellaneous" Section.								
	Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Breakfast	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Lunch	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Dinner	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Miscellaneous <small>(descriptions and costs)</small>	<input style="width: 100%; height: 40px;" type="text"/>								
Departments may establish stricter policies due to funding and compliance concerns.									
									Total: