NON-UW Pre-Reimbursement Checklist

This form is for UW students (who are not UW employees), Faculty/Staff Candidate or Guest/Visitor 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: Guest or Visitor, Faculty/Staff Candidate, and UW Student

Name _____ Date Submitted _____

Home (City/State) _____ UW Box# _____

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/leave the U.S.**, please provide a hardcopy of your **Passport Identity Page:**   and **I-94 form**:

Trip Information	

Event, Conference or Meeting

Name _____ Travel Start Date and Time _____ - _____

Location _____ Travel End Date and Time _____ - _____

Travel Approval Not Required   *Signed Travel Approval Attached*   *Conference Docs Attached*

Personal Time

No   Yes   Location [____] Start Date/Time [____] End Date/Time [____]

Location [____] Start Date/Time [____] End Date/Time [____]

~ ENTER ONLY EXPENSES REQUESTED FOR PERSONAL REIMBURSEMENT ~	AMOUNT

Professional Fees — Registration   Membership   *Receipt(s) attached (required)*

Airfare — *Itinerary/Receipts attached*   *Comparison Airfare attached (required if personal time is included)*   *Paid by CTA*

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: [____]   *Map(s) attached (required):*   Mileage Rate 2026: [0.725]

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

**Conference hotel info attached   Special event/disaster   ADA or safety/health

Meals

RECEIPTS ARE NOT REQUIRED FOR TRAVELERS CLAIMING STANDARD MEAL PER DIEM RATES

Were any meals provided by others?   Yes   No   See: **UWTravel Meals (Per Diem)**

List Meals: [____]

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.
Unsure what the Per Diem rate is? Check this box and fill in the dates below to be claimed

Date:							
Breakfast							
Lunch							
Dinner							

Other Miscellaneous (*descriptions and costs*)

Reimbursement not to exceed funding limit without Department approval.	

POINT PERSON USE ONLY — *Cost Center:* [____]   Additional Worktags: [____]   Total: [____]