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:	Name				Da	te Submit	ted					
Guest or Visitor,	Home (City/S						UV					
Faculty/Staff Candidate, and												
UW Student	UW S	tudent	Faculty/	Faculty/Staff Candidate Guest/Visitor								
	Universal Payee Requirement: Was the traveler/payee provided the <u>UW Privacy Notice</u> ? Yes, the UW Privacy Notice has been provided											
									holder 2	Yes		No
	Are you a US Citizen or a Green Card holder? Yes If you answered " No ", please select either " not entering/leaving US " or your Visa Type/Status :											No
		_			_	_				ment Doci	ıcian	
If you did enter <u>Visa Type/Status</u> , provide upload Foreign National documentation to the <u>Procurement Docusign</u> .												
Event,	Name Travel Start Date and Time											
Conference or Meeting	Location Travel End Date and Time											
	No Yes	Location			Start	Date/Time			End	Date/Tim	_	
Personal Time	165	Location	-			Date/Time				Date/Tim	_	
				NCEC DEOL	_	-	01/4/	DEMARKA				
Professional												AMOUNT
Fees	Registration Membership Abstract Fee Itinerary/Receipts attached Comparison Airfare attached (required if personal time is included)											
Airfare		eipts attaci				attacnea (re	•		ime is inc	iuaeaj		
Baggage Fees	Date:		Cost	:: <u> </u>	4	Date:	/lan I		Cost:			
Ground Transportation	Date		Туре	Cost	t	attached?	-	UW	Business	Purpose		
(car rental, tolls, gas, parking, taxi,												
bus,)												
Privately Owned	Total Miles D	Oriven:		Map(s) a	attach	ed (required)):	Mileage I	Rate 2024	ı: 0.6	70	
Vehicle Mileage Lodging	Prepaid hotel r		neckout folio				-					
0 0												
	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:											
	Prior app	rovai is req	uirea jor ex	ceeaing rate	s, ana	one of the Jo	ollowin	g exceptions	s below <u>m</u>	iust appiy	/:	
	Conference hotel Lower cost overall Suite required											
	Non-UW Traveler Special event/disaster ADA or safety/health											
Meals												
	Were any meal	s provided	by others?	Yes		No	See:	<u>UWTravel N</u>	/leals (Per	Diem)	_	
	List Meals:		Mea	ls cannot he	claim	ed for reimb	urseme	ent if:				
	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:											
	Breakfast											
	Lunch			-	ļ							
6:1	Dinner											
Other Miscellaneous												
(descriptions												
and costs)												
Departments may establish stricter policies due to funding and compliance concerns.												
										Т	otal:	