

Date Received: _____

Travel Expenses Summary

Detailed travel information to be found at: www.washington.edu/admin/finserv/travel

Instructions:

1. Please do not highlight any amount on the receipt.
2. If the summary is not completed it will be returned to the traveler and delay the time of processing.
3. If you claim meal for other traveler, see travel coordinator.

Budget Information:

Budget#: _____ Task# _____ Option: 999 Project Codes: _____

Approved by P.I. or Designee _____
(Print) (Sign)

Traveler Information:

Name in UW system: _____ UW e-mail: _____ Phone #: _____ UW Box# _____

UW Employee (on payroll) Yes No If NO: US Citizen/Greencard Yes No IF NO Attach Copy of passport and I-94 Documentation

Official Duty Station (city/state): _____

Complete Mailing Address: _____

Trip Information:

COMPLETE purpose of this trip (name of event , no acronyms, include Destination City and State, Date):

	Date	Time		
Departure from official station or home:	_____	_____	<input type="checkbox"/> am	<input type="checkbox"/> pm
Return to official station or home:	_____	_____	<input type="checkbox"/> am	<input type="checkbox"/> pm
Did trip include PERSONAL TIME? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES: City/State: _____			
Dates & times of day personal time began and ended:	Began(1)	_____	_____	<input type="checkbox"/> am <input type="checkbox"/> pm
IF more than two personal time taken please provide additional documentation in the comment section below:	Ended(1)	_____	_____	<input type="checkbox"/> am <input type="checkbox"/> pm
	Began(2)	_____	_____	<input type="checkbox"/> am <input type="checkbox"/> pm
	Ended(2)	_____	_____	<input type="checkbox"/> am <input type="checkbox"/> pm

Expenses Claiming for Reimbursement:

Please check the following travel expenses that apply towards requested travel reimbursement:

Original receipts are required for all items exceeding-\$50.00. Additionally, receipts for lodging, car rental, domestic laundry, and meals paid for others are required regardless of cost.

Airfare No Yes IF YES \$ _____

Paid by CTA Yes No

IF NO: Paid by the Claimant: Yes No

IF personal time taken other than the UW business destination PLEASE provide comparison airfare

Lodging(Must provide itemized hotel bill) Yes No IF YES \$ _____

Claiming exception No Yes If Yes select Reasons: conf hotel lower cost over all
 suite req special event/disaster ADA/health/safety

Registration Yes No

Paid with Procard Yes No

Paid with personal credit card/Cash Yes No IF YES \$ _____

Meals

Yes No

Claim **Meal Per Diem** Claim **Actual Cost** of the Meals, PLEASE provide receipts **Not Claiming**

Were any meals/banquet included in the registration or provided by another sources regardless of method of payment? Yes No

IF Yes, Please provide the dates below:

Breakfast

Lunch

Dinner

Dates: _____

IF you traveled more than one city please contact travel coordinator for additional information.

Car Rental

No Yes

IF YES: Sole Driver: Yes No **IF NO explain below:**

Vehicle rented (receipt required regardless of cost)

Standard Compact Full Size Other

Miscellaneous(parking, baggage, taxi/shuttle)

No Yes

IF YES provide receipts and explanation below:

Please describe other costs: _____

Mileage

No Yes

IF YES: \$ _____

From: _____ (loc) **To:** _____ (loc) **# of miles:** _____

*** Attach mileage log of vicinity of miles or GoogleMap for point to point miles.**

Comments: (Please use if you have additional information)
