



Travel Reimbursement (UW Employee)

Date Submitted: _____

Name / Payee	Department	Project Title	Phone #	Email
Purpose of Travel (or reason for expenditure):			Travel Location	
Direct Deposit is the default reimbursement method unless specified below.	Dates of Travel:		US Citizen: Non-Resident Alien Resident Alien	

Please itemize expenses below. If any expense is for hosted meals, please include a list of all people who attended, their home institution, and whether they were in travel status.

Travel Expense	Receipt Guidelines	Details or Additional Information	Amount
<u>Airfare</u>	Airline ticket or E-ticket, and full itinerary showing payment amount		
<u>Lodging</u>	Folio or original billing		
<u>Meals</u>	Original receipt		
<u>Auto rental</u>	Original contract/receipt		
<u>Ground transportation</u>	Original receipt		
<u>Parking</u>	Original receipt		
<u>Mileage</u>	Point to point Mapquest: \$.535/mile as of 1/1/17		
<u>Event registration</u>	Original receipt		
<u>Other:</u>			
			Total
			\$ -

Please save completed form with your receipt(s) as a single PDF file. Send the PDF to the Simpson Center Administrative Coordinator at schadmin@uw.edu.

Office Use Only:	Reimbursement Payment Authorization		
Budget:	Project:	Task:	Option:
Notes:			
Approved By (signature):	Date:	Amount Approved:	