



# Travel Reimbursement (Visitor)

Date Submitted: \_\_\_\_\_

<b>Name / Payee</b>	<b>University or Association:</b>	<b>Phone #</b>	<b>Email:</b>
<b>Purpose and Destination:</b>		<b>Address:</b>	
<b>Additional Instructions (if applicable):</b>	<b>Dates of Travel:</b>	<b>US Citizen</b> <input type="checkbox"/>	<b>Non-Resident Alien</b> <input type="checkbox"/>
		<b>Resident Alien</b> <input type="checkbox"/>	

Please itemize expenses below:

Travel Expense	Receipt Guidelines	Details or Additional Information	Amount
<u>Airfare</u>	Tick and full itinerary showing payment amount		
<u>Lodging</u>	Folio or original billing		
<u>Meals</u>	Original receipts		
<u>Auto Rental</u>	Original contract/receipt		
<u>Ground Transportation</u>	Original receipts		
<u>Parking</u>	Original receipts		
<u>Mileage</u>	Point to point: \$.535/mile as of 1/1/17		
<u>Conference Registration</u>	Original receipt		
<u>Other:</u>			
<b>Total</b>			\$ -

Please save completed form with your receipt(s) as a single PDF. Email to the Simpson Center Administrative Coordinator [schadmin@uw.edu](mailto:schadmin@uw.edu).

<b>Office Use Only: Reimbursement Payment Authorization</b>			
Budget:	Ú[ b&c	Væ\K	U] d }:
<b>Approved By (signature):</b>	<b>Date:</b>	<b>Amount Approved:</b>	<input type="text"/>