DIVISION OF GENERAL INTERNAL MEDICINE
TRAVEL REIMBURSEMENT REQUEST

DIRECTIONS: THE **TRAVELER** IS RESPONSIBLE FOR COMPLETING THIS FORM. THE COMPLETED FORM MUST BE SUBMITTED TO THE PERSON THAT IS RESPONSIBLE FOR PREPARING THE REIMBURSEMENT ALONG WITH ALL THE TRAVEL RECEIPTS AND DOCUMENTS NEEDED TO COMPLETE A PROPER REIMBURSEMENT. *TIMELY SUBMISSION IS EXPECTED WITHIN 30 DAYS OF TRAVEL DATE.* ONLY AFTER AN EXPENSE REIMBURSEMENT IS CREATED, THEN DOES THE ER# GET FILLED IN BY THE PREPARER.

Project Name and Budget #: _____

DOES THE TRAVELER HAVE A UW TRAVEL CARD? ☐ YES ☐ NO

To be completed by person entering ER

ER #_____

TRAVELER INFORMATION:

Name: _____ Phone #: _____ Mail Stop: _____

Reimbursement Address : _____ Official Work Station (*City & State Only*): _____

TRIP INFORMATION:

Destination (city and state): _____

Purpose of this trip: _____

How does this travel benefit the budget being charged?
(Budget can refer to anything such as a grant, contract, current budget and/or gift budget that is being charged)

_____

Full name of event (please, no acronyms), date(s) of event, and city where event took place:

_____

	Date	Time	
Departure from official station or home:			☐ am ☐ pm
Arrival at destination:			☐ am ☐ pm
Departure from away location:			☐ am ☐ pm
Arrival at official station or home:			☐ am ☐ pm

If this trip included personal leave time , record the **dates & times of day & place** you began & ended personal leave:

_____

REIMBURSEMENT EXPENSES :

List expenses other than meals you are requesting reimbursement for: Airfare, hotel, parking, taxi, business calls, conference registration, rental car, etc. The Department of Medicine expects that the traveler submits all receipts (even those under $75) for all charges – including: hotel folio, car rental agreement, and flight itinerary. If not already provided, please include a copy of the meeting agenda/event brochure and the registration receipt .

Date	Description	Cost

Date	Description	Cost

RESPONSE REQUIRED:

1. Were any costs (i.e., meals, lodging, etc) included in the registration fee ? If yes, please detail.
2. If you are claiming airfare , did you use the contract airline ? ☐ YES ☐ NO ☐ N/A (AIRFARE WAS PRE-PAID)
   If no, please indicate reason: Select from menu
3. Does the preferred lodging exceed the **destination city's** allowable lodging rate ?
   ☐ NO
   ☐ YES: SPECIFY REASON → Select from menu
4. Does the lodging **meet** the 150% allowance ?
   ☐ YES ☐ NO ☐ N/A
5. Does the lodging **exceed** the 150% allowance ?
   ☐ YES ☐ NO ☐ N/A
6. Were there any meals provided by the conference? If yes, please detail.

PRIVATE AUTOMOBILE MILEAGE REIMBURSEMENT:

If claiming mileage, select one of the following:

**If travel is occurring during the work week, then mileage should be calculated from the traveler's regular duty station.

1. Point-to-point (driving to one destination using most direct route) ☐

Outbound	From: *Complete Address + zip*		To: *Complete Address + zip*	
Return	From: *Complete Address + zip*		To: *Complete Address + zip*	

2. Vicinity (driving to several destinations) ☐
   Attach odometer/mileage log.

COMMENTS AND CLARIFICATIONS:

This form should be attached to your receipts and filed with the Expense Report (ER).