UW EMPLOYEE TRAVEL EXPENSE REIMBURSEMENT CLAIM FORM

This form is for UW employees and UW student employees for claiming travel reimbursement. All travel expenses listed below must be incurred on behalf of UW business purposes. By completing this form, the traveler verifies that no expenses listed below were already reimbursed by UW or paid by a outside entity. The traveler 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.

Traveler Information													
Traveler:	Traveler Type: UW Employee UW Student Employee UW NetID												
UW Employee or	Name								Date Submitted				
UW Student Employee													
	Home (City/State) UW Box#Universal Payee Requirement: Was the traveler/payee provided the UW Privacy Notice?												
	-		tice has the tra		e prov	ided the UV	V Priv	vacy Notice?					
	Trip Information												
Event,					ip inte			- 10					
Conference or	Name							Travel Start					
Meeting	Location Travel End Date and Time												
	Travel Approval Not Required Signed Travel Approval Attached Conference Docs												
D	No Yes	Location	start Date/Time							Date/Time			
Personal Time	Location			Start Date/Time					End	End Date/Time			
	~ ENTER ONLY EXPENSES REQUESTED FOR PERSONAL REIMBURSEMENT ~ AN												
FIOIESSIONAL FEES	Registration Membership Receipt(s) attached (required) Itinerary/Receipts Comparison Airfare attached (required if Itinerary/Receipts												
Airfare	attached personal time included)												
Baggage Fees	Date:		Cost:			Date:			Cost:				
Ground	Date		Type	Cost	R	eceipt and M	•	LIVA		Purpose			
Transportation	'i bedacte												
(car rental, tolls,													
gas, parking, taxi,													
bus,)					_								
					_								
Privately Owned Vehicle Mileage	Total Miles Driven: Map(s) attached (required): Mileage Rate 2023: 0.67												
Lodging	Prepaid hotel	receipt or che	eckout folio at	tached (re	quired)							
	Per Diem rate	evceeded	- 500:	CSA Dor	Diam	Pator	and	LIM/Trow		Exception			
			ired for excee	<u>GSA Per</u> ding rates				-			_		
	Filor upp	-	-	unig rates,				ing exceptions	_		•		
		Conference	hotel **		Low	er cost ove	rall		Suite r	equired			
	**Conference	hotel info at	tached	S	pecial	event/disas	ter	ADA	or safety	/health			
Meals	REC	CEIPTS ARE N	OT REQUIRED	FOR TRAV	ELERS	CLAIMING S	TAN	DARD MEAL P	PER DIEM	RATES	_		
	Were any meal	s provided b	y others?	Yes	N	D	See:	UWTravel Me	als (Per D	<u>)iem)</u>			
	List Meals:												
						d for reimbu							
	(a) provided by the conference; (b) included within lodging price (i.e. BnB); or (c) paid by other attendees.												
	Unsure what the Per Diem rate is? Check this box and fill in the dates below to be claimed												
	Date: Breakfast												
	Lunch												
Other	Dinner												
Miscellaneous													
(descriptions													
and costs)													
POINT PERSON	Reimbursement not to exceed funding limit without Department approval.												
USE ONLY	Cost Cente	er:		Additional Worktags:						То	otal:		