

TRAVEL REIMBURSEMENT REQUEST

Date Submitted

Traveller: _____

Purpose of trip: _____

(Indicate location, period covered, and name of conference. Do not abbreviate.)

Budget(s) to charge / PI(s): _____

*If individual items need to be split differently, please note at each item
If more than one budget is used, please explain how the trip was split.*

Benefit to grant budget(s): _____

How did the trip benefit the grant(s)? Presented research results, etc.

Trip Duration / Personal Time

Departed home or work: Date: _____ Time: _____

Personal time taken (Specify Location, Start date/time and End date/time):

Comparison airfare attached if personal time taken (Comparison fare must be round trip from same source and received on same day as ticket purchased).

Returned to home or work: Date: _____ Time: _____

Ground Transport to/from SeaTac

\$ _____ To SeaTac from _____: taxi/shuttle bus ride (no cost claimed)
 Mileage- Personal vehicle:
(amount will be calculated from MapQuest. Attach print out if from home.)

\$ _____ From SeaTac: taxi/shuttle bus ride (no cost claimed)
 Mileage- Personal vehicle:
(amount will be calculated from MapQuest. Attach print out if to home)
*NOTE: Mileage will be calculated from UW on workdays at 20 miles,
From Home on weekends/holidays.*

Airfare

\$_____ Please reimburse attached itinerary & receipt needed

Paid on CTA (**Attach itinerary and receipt even if paid by CTA**)

International on Federal funds? - US carrier / Exception (*circle one*)
(*Exception explanation needs to be documented*)

Reimbursed previously

No airfare

Paid by outside party (*itinerary still needed for Travel office*)

Ground Transport at destination

Drove to destination: _____

\$_____ Rental Car - receipt attached

\$_____ Fuel – receipts YES / NO (*circle one*)

\$_____ Tolls – receipts YES / NO (*circle one*)

\$_____ Destination airport to hotel: taxi/shuttle bus ride (no cost claimed)

\$_____ Hotel back to destination airport: taxi/shuttle bus ride (no cost claimed)

Hotel/lodging (must have receipt)

\$_____ Please reimburse attached

Paid on CTA receipt attached Dept received receipt direct

No cost for lodging

Per diem

Please pay me for meals (receipts not required)

Were any meals provided by others? No Yes – *please note which ones*

\$_____ Please pay this amount rather than the full allowable

I don't need meals paid.

Other expenses:

Internet fees: \$_____ (*may be on your hotel receipt*)

Baggage fees: \$_____

Registration: \$_____

Abstract: \$_____

Other: \$_____

Other: \$_____