UNIVERSITY OF WASHINGTON
TRAVEL EXPENSE VOUCHER
TRAVEL OFFICE, BOX 351117

1. Travel Destination (Must select one): ☐ In-State ☐ Out-of-State ☐ Foreign	**9. Type of Claim:** ☐ UW ☐ Student ☐ Non-UW

TRANSACTION CODE | **50** | 14. Req.#

2. Name and Mailing Address where to Send Check (Maximum 5 lines typed)	10. Accounting Type: (if applicable) ☐ Candidate for Faculty/Staff ☐ Relocation	Amount
	11. Official Duty Station (City and State Only)	15. Registration
		16. Airfare Contract Airfares
	12. Home Address (City and State Only)	17. I used Contract Airline & Airfare ☐Yes ☐No
		18. Rental Car Contract Rental Car
3. Date Prepared (Mo.,Dy.,Yr.) 4. Budget Number % (Percentage)	13. Purpose of Trip (Include Dates)	19. Miscellaneous Expenses-Date and Description (Receipts)
5. Shared Budget Number (If applicable) % (Percentage)		
6. Contact Name 7. Contact's Telephone & Box Number		
8. Project Cost Accounting Task: Option: Project:		**TOTAL ITEMS ABOVE** A

20. Trip Information			21. Time		22.	23. Per Diem Per Diem/County Search				24. Net Daily Total	27. Auto Mileage Calculations		
Date	From	To	Departure	Return	Lodging Name	Breakfast	Lunch	Dinner	Lodging		P/P	Vic.	
											28. TOTALS	RATE	MILEAGE AMOUNT
													B

Comments:	CERTIFICATION AND APPROVAL	25. TOTAL ALLOWABLE PER DIEM	26. TOTAL CLAIMED PER DIEM C

CERTIFICATION AND APPROVAL

I certify, under penalty of perjury, that the travel listed above was official university business and that expenses listed were appropriate in the conduct of this business. The most economical means available were used to accomplish this business unless personal safety would have been compromised. I have not received nor will I receive other reimbursement for these expenses.

34. **I claim lodging exception.**   ☐ I claim the special exception (over 150 %) and supporting documentation is attached.

☐ Yes ☐ No

X

35. Traveler's Signature   Date

X

36. Approval Signature-Authorized Person   Date

Both traveler and authorizing official have considered the expected benefits of the travel and whether an alternative approach could achieve the same results.

29. **TOTALS DETAILED ABOVE (A + B + C)**

30. **PER DIEM ADVANCE (If Applicable)**

31. If 29 is less than 30, AMOUNT DUE UNIVERSITY (Attach Payment to TEV)

32. If 29 is greater than 30, AMOUNT DUE TRAVELER

33.
- When completed print form.
- Obtain Signatures (35. and 36.) on page 1.
- **Send original of page 1 and 2 along with receipts to Travel Office, Box 351117.**
- Photocopy page 1 and receipts for your files.

UoW1171 (Rev. 07/08) PDF

UNIVERSITY OF WASHINGTON
TRAVEL EXPENSE VOUCHER
TRAVEL OFFICE, BOX 351117

9. Type of Claim:
☐ UW ☐ Student ☐ Non-UW

TRANSACTION CODE 50

14. Req.#

2. Name and Mailing Address where to Send Check (Maximum 5 lines typed)

10. Accounting Type: (if applicable)
☐ Candidate for Faculty/Staff ☐ Relocation

11. Official Duty Station (City and State Only)

12. Home Address (City and State Only)

3. Date Prepared (Mo.,Dy.,Yr.)

4. Budget Number % (Percentage)

13. Purpose of Trip (Include Dates)

5. Shared Budget Number (If applicable) % (Percentage)

6. Contact Name

7. Contact's Telephone & Box Number

8. Project Cost Accounting
Task: Option: Project:

BUDGET NUMBER	S/L	OBJ	SUB	SSUB	TASK	OPTN	PROJECT	AMOUNT	LIQ

REQ. #

T

TOTAL

UoW1171 (Rev. 07/08) PDF

DO NOT WRITE IN THIS SPACE

NOTICE

THIS PAGE AND PAGE 1 REQUIRED BY TRAVEL OFFICE.

25. TOTAL ALLOWABLE PER DIEM	26. TOTAL CLAIMED PER DIEM	C
29. TOTALS DETAILED ABOVE (A + B + C)		
30. PER DIEM ADVANCE (If Applicable)		
31. If 29 is less than 30, AMOUNT DUE UNIVERSITY (Attach Payment to TEV)		
32. If 29 is greater than 30, AMOUNT DUE TRAVELER		

33.
- When completed print form.
- Obtain Signatures (35. and 36.) on page 1.
- **Send original of page 1 and 2 along with receipts to Travel Office, Box 351117.**
- Photocopy page 1 and receipts for your files.