TRA	VEL WORK	SHEET	You are responsible for providing complete records to receive reimbursement								ER#		
	er is considered in travel ne way, most direct rout	I status when he/she is awate).	ay from the offi	cial workstatio	on for 3 or mo	ore hours in excess	of the regularly	y schedule	ed work day	and the d	estination is mo	re than 50 miles	
Date:	Tr	aveler:	Title:				City: Zip Code: Signature):						
Cell #:		Mailing Address:				City:			Stat	State: Zip Code:			
Budget Name:			Budget Numl	oer:		Authorization (PI Signature):							
		ant or contract, what is ber					-						
PRE-TRA Airf Attach pri	VEL ITEMS NEEDED fare Ticket Price: \$ inted itinerary from airline w	Your nar vebsite. NOTE: Fo	ne as it appear r Non-UW gue	s on ID (<u>MUS</u>	T MATCH) _ ntact Josie H	lazen at (800) 621	-2662, (206) 3	64-0100 c	or email jos	ie@lakeci			
		OMPLETE, FILL IN Dantal car, laundry, misc. expen				UST be included with	this reimbursen	nent form.	No receipts r	eauired for	r personal meals.		
Date nm/dd/yy	Location From	Location To	Time Travel Status Began	Time Travel Status Ended	Check be	oox if conference hotel odging Name	Lodging Amount	Mark 'X' to claim meals and 'I for meals provided		als and 'P'	Point to Point	Vicinity Miles**	
ther Exp	enses for Reimbursem	ent:		1	<u>'</u>		<u> </u>	· ·	<u>'</u>		•		
Expense		Amount		Expense		Amount &	Date	Other/Misc. Expense			Amount & Date		
irfare				Taxi/Shuttle									
egistration (include details of ems purchased)				Rental Car									
				Ferry									

Parking

^{**}If driving your personal vehicle, please include a MAPQUEST printout or a UW mileage sheet. Include a mileage log for vicinity miles.