

Date Received: \_\_\_\_\_

## Travel Expenses Summary

Detailed travel information to be found at: [www.washington.edu/admin/finserv/travel](http://www.washington.edu/admin/finserv/travel)

### Instructions:

1. Please do not highlight any amount on the receipt.
2. If the summary is not completed it will be returned to the traveler and delay the time of processing.
3. If you claim meal for other traveler, see travel coordinator.

### Budget Information:

Budget#: \_\_\_\_\_ Task# \_\_\_\_\_ Option: 999 Project Codes: \_\_\_\_\_

Approved by P.I. or Designee \_\_\_\_\_  
(Print) (Sign)

### Traveler Information:

Name in UW system: \_\_\_\_\_ UW e-mail: \_\_\_\_\_ Phone #: \_\_\_\_\_ UW Box# \_\_\_\_\_

UW Employee (on payroll) ☐ Yes ☐ No If NO: US Citizen/Greencard ☐ Yes ☐ No IF NO Attach Copy of passport and I-94 Documentation

Official Duty Station (city/state): \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_

### Trip Information:

COMPLETE purpose of this trip (name of event , no acronyms, include Destination City and State, Date):

Date

Time

Departure from official station or home:

\_\_\_\_\_ ☐ am ☐ pm

Return to official station or home:

\_\_\_\_\_ ☐ am ☐ pm

Did trip include **PERSONAL TIME**?

☐ Yes ☐ No IF YES: City/State: \_\_\_\_\_

Dates & times of day personal time began and ended:

Began(1) \_\_\_\_\_ ☐ am ☐ pm

IF more than two personal time taken please provide additional documentation in the comment section below:

Ended(1) \_\_\_\_\_ ☐ am ☐ pm

Began(2) \_\_\_\_\_ ☐ am ☐ pm

Ended(2) \_\_\_\_\_ ☐ am ☐ pm

### Expenses Claiming for Reimbursement:

Please check the following travel expenses that apply towards requested travel reimbursement:

Original receipts are required for all items exceeding-\$50.00. Additionally, receipts for lodging, car rental, domestic laundry, and meals paid for others are required regardless of cost.

**Airfare** ☐ No ☐ Yes IF YES \$ \_\_\_\_\_

**Paid by CTA** ☐ Yes ☐ No

**IF NO: Paid by the Claimant:** ☐ Yes ☐ No

IF personal time taken other than the UW business destination PLEASE provide comparison airfare

**Lodging(Must provide itemized hotel bill)** ☐ Yes ☐ No IF YES \$ \_\_\_\_\_

**Claiming exception** ☐ No ☐ Yes If Yes select Reasons: ☐ conf hotel ☐ lower cost over all

☐ suite req ☐ special event/disaster ☐ ADA/health/safety

**Registration** ☐ Yes ☐ No

**Paid with Procard** ☐ Yes ☐ No

**Paid with personal credit card/Cash** ☐ Yes ☐ No IF YES \$ \_\_\_\_\_

**Meals**☐ Yes ☐ No☐ Claim **Meal Per Diem** ☐ Claim **Actual Cost** of the Meals, PLEASE provide receipts ☐ **Not Claiming**

Were any meals/banquet included in the registration or provided by another sources regardless of method of payment?

☐ Yes ☐ No

IF Yes, Please provide the dates below:

Breakfast

Lunch

Dinner

Dates:

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IF you traveled more than one city please contact travel coordinator for additional information.

**Car Rental**☐ No ☐ Yes**IF YES:** Sole Driver: ☐ Yes ☐ No **IF NO explain below:**

Vehicle rented (receipt required regardless of cost)

☐ Standard ☐ Compact ☐ Full Size ☐ Other

Miscellaneous(parking, baggage, taxi/shuttle)

☐ No ☐ Yes

IF YES provide receipts and explanation below:

**Please describe other costs:**

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**Mileage**☐ No ☐ YesIF YES: \$ 

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**From:** 

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 (loc) **To:** 

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 (loc) **# of miles:** 

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**\* Attach mileage log of vicinity of miles or GoogleMap for point to point miles.**

Comments: (Please use if you have additional information)