TRAVEL REIMBURSEMENT FORM

UNIVERSITY OF WASHINGTON
DEPARTMENT OF PEDIATRICS
BOX 356320
Remit to Financial Accounting at pedorder@uw.edu

Travel reimbursement must be submitted within 60 days from the last day of travel.

NOTE: *Mileage rate could be less, depending on the date of travel.*

UW Travel Policies: Policy Index |

NAME: ______________________ **E-MAIL:** ______________________

WORKTAGS: *(Program, Grant, Gift, Cost Center & Resource, etc.)* ______________________

REQUIRED—If the documents below are not attached, this will result in a delay in processing your reimbursement. Please do not cut and copy receipts to a different format. Attach the original receipts as they are.

- Attach all itemized receipts *(except for meals)*
- Attach your flight itinerary *(even if you are not requesting reimbursement, this is used to determine your travel status)*
- Provide the conference agenda or a link in the comments section
- OPTIONAL: bank statement *(international trips)*

BUSINESS PURPOSE: *(Name of Event, Conference, or Meeting)*

BUSINESS LOCATION: ______________________ **BUSINESS DATES:** ______________________

BUSINESS START TIME: ______________________ **BUSINESS END TIME:** ______________________

DID YOU TAKE PERSONAL TIME? **Yes** ☐ **No** ☐

If yes, list your personal time location and dates below. Attach a comparison flight using business dates only. The lesser fare will be reimbursed.

PERSONAL TIME LOCATION: ______________________ **PERSONAL TIME DATES:** ______________________

****ONLY ENTER EXPENSES THAT NEED TO BE REIMBURSED****		**AMOUNT**
Professional Fees	**Registration** ☐ **Membership** ☐ **Abstract Fee** ☐	
Airfare	**REQUIRED:** Attach flight itinerary – even if you are not requesting reimbursement	
Lodging	**Does lodging exceed per diem?** **Yes** ☐ **No** ☐ — **See Per Diem Rates:** Travel resources | GSA **If yes, specific reason** (select one of the following): <SELECT ONE> If prepaid, receipt/confirmation must show it was charged to a credit card OR provide a bank statement.	

Ground Transportation — Ride share, Car Rental, Parking, Shuttle, etc.

Purchase Date	Type	Amount	Business Purpose
	<SELECT ONE>		
	<SELECT ONE>		
	<SELECT ONE>		
	<SELECT ONE>		
	<SELECT ONE>		

Amount: $ 0.00

Mileage: Privately Owned Vehicle Only	**Total Miles Driven:**		**Mileage Rate:**	$0.760	**REQUIRED:** attach google map	$ 0.00

Meals

Are you requesting meal per diem? **Yes** ☐ **No** ☐

Meals cannot be reimbursed if: (a) conference provided; (b) included with lodging; (c) paid by other attendees

Below, mark which meals were provided by the conference, hotel, or paid for by others. If no meals were provided, please add note in the Comments/Additional section.

Date:							
Breakfast	☐	☐	☐	☐	☐	☐	☐
Lunch	☐	☐	☐	☐	☐	☐	☐
Dinner	☐	☐	☐	☐	☐	☐	☐

The Finance Office will calculate your meals.

Miscellaneous Expenses

Purchase Date	Amount	Description

Amount: $ 0.00

TOTAL REIMBURSEMENT: $ 0.00

COMMENTS / ADDITIONAL INFORMATION:

SIGNATURE: **I certify that the above charges are appropriate, allowable, and in direct support of the Department and University.** **DATE:**