

NON-UW EMPLOYEE TRAVEL EXPENSE REIMBURSEMENT CLAIM FORM

This form is for UW students (who are not UW employees), Faculty/Staff Candidate or Guest/Visitor for claiming travel reimbursement. All travel expenses listed below must be incurred on behalf of UW business purposes. By completing this form, the traveler verifies that no expenses listed below were already reimbursed by UW or paid by a outside entity. The traveler will provide proper documentation, such as receipts and department approvals, for expenses listed below. Complete form below for items you're seeking reimbursement with full dollar amount.

Traveler Information																			
Traveler: Guest or Visitor, Faculty/Staff Candidate, and UW Student	Name _____					Date Submitted _____													
	Home (City/State) _____					UW Box# _____													
	UW Student			Faculty/Staff Candidate			Guest/Visitor												
	Universal Payee Requirement: Was the traveler/payee provided the UW Privacy Notice ? Yes, the UW Privacy Notice has been provided.																		
Are you a US Citizen or a Green Card holder ? Yes No																			
If you answered " No ", please select either " not entering/leaving US " or your Visa Type/Status :																			
If you did enter/leave the U.S. , please provide a hardcopy of your Passport Identity Page : _____ and I-94 form :																			
Trip Information																			
Event, Conference or Meeting	Name _____					Travel Start Date and Time _____													
	Location _____					Travel End Date and Time _____													
<i>Travel Approval Not Required</i>			<i>Signed Travel Approval Attached</i>			<i>Conference Docs Attached</i>													
Personal Time	No	Yes	Location	<input type="text"/>	Start Date/Time	<input type="text"/>	End Date/Time	<input type="text"/>											
			Location	<input type="text"/>	Start Date/Time	<input type="text"/>	End Date/Time	<input type="text"/>											
~ ENTER ONLY EXPENSES REQUESTED FOR PERSONAL REIMBURSEMENT ~																			
Professional Fees	Registration		Membership		<i>Receipt(s) attached (required)</i>														
	<i>Itinerary/Receipts attached</i>		<i>Comparison Airfare attached (required if personal time is included)</i>		<i>Paid by CTA</i>														
Baggage Fees	Date:	<input type="text"/>	Cost:	<input type="text"/>	Date:	<input type="text"/>	Cost:	<input type="text"/>											
Ground Transportation (car rental, tolls, gas, parking, taxi, bus,...)	Date	Type	Cost	Receipt and Map attached?	UW Business Purpose														
Privately Owned Vehicle Mileage	Total Miles Driven: <input type="text"/>		Map(s) attached (required):			Mileage Rate 2023: <input type="text"/>													
Lodging	<i>Prepaid hotel receipt or checkout folio attached (required)</i>																		
	Per Diem rate exceeded See: GSA Per Diem Rates and UWTravel Lodging Exceptions <i>Prior approval is required for exceeding rates, and one of the following exceptions below <u>must</u> apply:</i>																		
	Conference hotel **			Lower cost overall			Suite required												
	<i>**Conference hotel info attached</i>			Special event/disaster			ADA or safety/health												
Meals	RECEIPTS ARE NOT REQUIRED FOR TRAVELERS CLAIMING STANDARD MEAL PER DIEM RATES																		
	Were any meals provided by others? Yes No See: UWTravel Meals (Per Diem)																		
	List Meals: <input style="width: 100%;" type="text"/>																		
	<i>Meals cannot be claimed for reimbursement if:</i>																		
	<i>(a) provided by the conference; (b) included within lodging price (i.e. BnB); or (c) paid by other attendees.</i>																		
	Unsure what the Per Diem rate is? Check this box and fill in the dates below to be claimed																		
Date: <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																			
Breakfast <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																			
Lunch <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																			
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Other Miscellaneous (descriptions and costs)																			
Reimbursement not to exceed funding limit without Department approval.																			
POINT PERSON USE ONLY	Cost Center:				Additional Worktags:				Total:										