UW Bothell Shared Services

UW EMPLOYEE TRAVEL EXPENSE REIMBURSEMENT CLAIM FORM

This form is for UW employees and UW student employees 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: UW Employee or UW Student Employee

Traveler Type: **UW Employee** ☐ **UW Student Employee** ☐ UW NetID _____

Name _____ Date Submitted _____

Home (City/State) _____ UW Box# _____

EU GDPR Requirement: Was the traveler/payee physically in the EU at the time this information was provided?

☐ No, EU GDPR does not apply. ☐ Yes, EU GDPR Privacy Notice has been provided by the Point Person.

Trip Information

Event, Conference or Meeting

Name _____ Travel Start Date and Time _____ _ _ _____

Location _____ Travel End Date and Time _____ _ _ _____

Travel Approval Not Required ☐ *Signed Travel Approval Attached* ☐ *Conference Docs Attached* ☐

Personal Time

No ☐ Yes ☐					
Location		Start Date/Time		End Date/Time	
Location		Start Date/Time		End Date/Time	

~ ENTER ONLY EXPENSES REQUESTED FOR PERSONAL REIMBURSEMENT ~ — AMOUNT

Professional Fees — Registration ☐ Membership ☐ *Receipt(s) attached (required)* ☐ — **$0.00**

Airfare — *Itinerary/Receipts attached* ☐ *Comparison Airfare attached (required if personal time included)* ☐ *Paid by CTA* ☐ — **$0.00**

Baggage Fees — Date: _____ Cost: _____ | Date: _____ Cost: _____ — **$0.00**

Ground Transportation (car rental, tolls, gas, parking, taxi, bus,...)

Date	Type	Cost	Receipt and Map attached?	UW Business Purpose
	<select>		☐	
	<select>		☐	
	<select>		☐	
	<select>		☐	
	<select>		☐	
	<select>		☐	
	<select>		☐	
	<select>		☐	
	<select>		☐	

$0.00

Privately Owned Vehicle Mileage — Total Miles Driven: _____ *Map(s) attached (required):* ☐ Mileage Rate 2019: 0.580 — **$0.00**

Lodging

Prepaid hotel receipt or checkout folio attached (required) ☐

Per Diem rate exceeded ☐ See: GSA Per Diem Rates and UWTravel Lodging Exceptions

Prior approval is required for exceeding rates, and one of the following exceptions below must apply:

Conference hotel ** ☐ Lower cost overall ☐ Suite required ☐

***Conference hotel info attached* ☐ Special event/disaster ☐ ADA or safety/health ☐

$0.00

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: _____

Meals cannot be claimed for reimbursement if:

(a) provided by the conference; (b) included within lodging price (i.e. BnB); or (c) paid by other attendees.

Unsure what the Per Diem rate is? Check this box and fill in the dates below to be claimed ☐

Date:											
Breakfast											
Lunch											
Dinner											

$0.00

Other Miscellaneous (*descriptions and costs*) — **$0.00**

Reimbursement not to exceed funding limit without Department approval.

POINT PERSON USE ONLY	*Budget Number:*		Task/Option/Project:		Total:	**$0.00**