

BIOCHEMISTRY TRAVEL REIMBURSEMENT REQUEST

NAME: _____ E-mail: _____ Phone#: _____

Mailing address: _____

1. Purpose of trip: _____
2. US Citizen/Green Card: (Y / N) If no, copy of passport, visa and I-94 <https://i94.cbp.dhs.gov/i94/#/home>
3. Were you awarded either of these departmental fellowships for this travel? Check boxes below as needed.
 Schultz Fellowship
 Urdal Fellowship
4. Was personal time taken during this travel? If yes, give beginning & end **dates, times and places** of personal time:

5. **Expense summary:** Note that you are required to **submit receipts for all expenses** for which you are requesting reimbursement.
If you don't have a receipt for expenses over \$50, you must sign a perjury statement.

→ AIRFARE: (include a copy of your paid itinerary) \$ _____

→ BAGGAGE FEE – More than 2 checked bags: (Y / N) \$ _____

→ GROUND TRANSPORTATION: (taxi, bus, train, ferry, shuttle);

Detail: _____ \$ _____

→ PARKING: \$ _____

→ LODGING: \$ _____

→ PERSONAL AUTO MILEAGE: _____ miles @ current rate/mile (PDF of Mapquest required)

Point of origin: _____ Destination: _____ Vicinity miles: _____

→ OTHER: (explain) _____

→ PER DIEM (food): Alcohol will not be reimbursed. Meal paid for others required itemized receipt. List of the names were paid for and their duty station (city/state) All participants must be in UW business travel status.

NOTE: List here (e.g., xx/yy/zz: lunch) any meals that were provided by conference or other individuals; your per diem meal reimbursement will be adjusted accordingly. _____

Date of departure: _____

Time of departure: _____ am/pm

Date of return: _____

Time of return: _____ am/pm

Total reimbursement: _____