

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: _____