SEFS Travel Reimbursement Worksheet

Submit a printed copy of this form with receipts taped to letter size sheets of paper and a copy of your signed Travel Authorization form to **Financial Services, Anderson 216**

Print Form

Name:	Type of Claim: ◯ UW ◯ Student ◯ Non-UW	Travel Authorization Attached: ◯ Yes ◯ No

Travel Destination (Must select one):	Budget Number(s):	Personal Time: ◯ Yes ◯ No	Dates
◯ In-State ◯ Out-of-State ◯ Foreign	Budget Name:	Home Address (City and State Only):	

Where to Send Check:	Mailing Address - only non-UW:
◯ Direct Deposit - all UW employees ◯ Send to mailing address - non-UW employees	
Date Prepared by Traveler:	Email Address:

Purpose of Travel:
◯ Conference Conference Name:
◯ Research ◯ Other

Expense	Amount
Registration	
Airfare	
Ferries	
Tolls	
Rental Car	
Mileage (see UW policies)	
Miscellaneous Expenses - Date & Desc	
ESTIMATED TOTAL ITEMS ABOVE	

Trip Information — Per Diem (enter "X" to take standard per diem)

Date	From	To (city and state)	Departure Time	Return Time	Lodging Name	Breakfast	Lunch	Dinner	Lodging	Shared?
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Comments:

ESTIMATED TOTAL (excluding items marked "X")	
PER DIEM ADVANCE	
ESTIMATED AMOUNT DUE UNIVERSITY	$0.00
ESTIMATED AMOUNT DUE TRAVELER	$0.00