



# TRAVEL REIMBURSEMENT

UW Faculty, Staff and Students **ONLY**

The Henry M. Jackson School of International Studies  
University of Washington, Box 353650

For Business Office Use:

ER/PO # \_\_\_\_\_

**PLEASE TYPE FORM**

**IMPORTANT:** Original **ITEMIZED** receipts are required for all expense reimbursements. If you do not have an itemized receipt, you must complete, sign and attach a **Perjury Statement (JSIS-82)**.

**NOTE:** Perjury statement cannot be used for certain items, including airfare and lodging.

**NOTE:** All NRCs must attach a completed *U.S. Dept. of Education Travel Approval* form for international travel.

**NOTE:** When using federal funds for international travel, you must comply with 49 USC §40118, the Fly America Act, or Open Skies Agreement

Date \_\_\_\_\_ Contact Person \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

UW Mailbox Number: \_\_\_\_\_

Budget # \_\_\_\_ - \_\_\_\_\_ Amount \$ \_\_\_\_\_ PCA\* \_\_\_\_\_ Authorized Signature \_\_\_\_\_

Budget # \_\_\_\_ - \_\_\_\_\_ Amount \$ \_\_\_\_\_ PCA\* \_\_\_\_\_ Authorized Signature \_\_\_\_\_

\*When Needed

### Traveler's Information:

Traveler's Name \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
(legal name; no nicknames)

Traveler's Home Address (**CITY AND STATE ONLY**) \_\_\_\_\_

Traveler's Status Faculty Staff Student. Is **student** a US Citizen/Resident Alien? YES NO  
If no, attach copy of student VISA.

### Activity:

Travel Dates \_\_\_\_\_ Departure Time \_\_\_\_\_ Return Time \_\_\_\_\_  
include AM or PM

Name & Dates of Activity \_\_\_\_\_

Location of Activity CITY \_\_\_\_\_ STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_

Presentation Title \_\_\_\_\_

Personal Time Yes No If "yes" list all date(s) and time(s) and location(s) of personal time.

**Submit form to: JSIS Accounts Payable, Thomson Hall 4<sup>th</sup> floor Mailroom**

This form shall not be reproduced by units other than the Jackson School without written permission.

(Please attach a separate sheet if necessary.)

**Expense Summary:**

Airfare paid by CTA? YES NO If YES, attach copy of CTA form JSIS-92, including amount \$ \_\_\_\_\_

Airfare paid by traveler? YES NO If YES, attach copy of itinerary and payment made

Airfare \$ \_\_\_\_\_ Registration Fee \$ \_\_\_\_\_  
*(do not include if by CTA)*

**Ground Transportation:**

Check Appropriate Box Train Limo Taxi Bus Amount \$ \_\_\_\_\_

Auto Rental \$ \_\_\_\_\_ Parking \$ \_\_\_\_\_ Ferry \$ \_\_\_\_\_

Mileage \_\_\_\_\_ miles @ \$0.535 (Subject to change) per mile = \$ \_\_\_\_\_  
*Mileage to/from SeaTac Airport is limited to 40 miles per round trip or \$21.40; provide a print-out of your mileage from Mapquest for all trips.*

Hotel Name \_\_\_\_\_ Hotel Amount \$ \_\_\_\_\_

**You must attach conference registration and/or agenda.**

**Meal Per Diem Calculations**

Do you want to claim meal per diem? NO YES (ALL ELIGIBLE MEALS) YES (ONLY SPECIFIC MEALS & DATES LISTED BELOW)

*you must attach airfare itinerary*

**Miscellaneous Expenses:**

*Baggage fees Internet Telephone Banquet meal Gas for rented car Visa/Passport fees  
Immunizations Other misc. expenses (please explain)*

Total miscellaneous \$ \_\_\_\_\_

**GRAND TOTAL TO BE REIMBURSED:** \$ \_\_\_\_\_ (plus per diem, if any)

Will you be submitting additional receipts? Yes No

If yes, we will hold this reimbursement request until we receive the additional receipts.

I certify or declare that the charges listed herein are for legitimate University of Washington business.

Signature \_\_\_\_\_ *(person to be reimbursed)*