



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

*****THIS IS A 2-PAGE 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 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 4th floor Mailroom**

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(Please attach a separate sheet if necessary.)

Expense Summary:

Airfare paid by CTA? YES NO If YES, attach copy of CTA paperwork, **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 @ \$0.54 (Subject to change) per mile = \$ _____
Mileage to/from SeaTac Airport is limited to 40 miles per round trip or \$21.60; 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 If YES, for which days / meals?

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)

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