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

Reset 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***

(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 @ $0.535 (Subject to change) per mile = $ 0.00______________
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 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)*

Submit form to: ***JSIS Accounts Payable, Thomson Hall 4th floor Mailroom***