

**SUBMIT SINGLE-SIDED COPIES ONLY**



**TRAVEL REIMBURSEMENT**

**Non-UW Affiliated Individuals (Visitors)**

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 \_\_\_\_\_

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 \_\_\_\_\_

Is **Individual** a US Citizen/Resident Alien?      YES      NO

*If no, provide copy of documents listed on <http://f2.washington.edu/fm/travel/visitors>.*

**Activity:**

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

Name & Date 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.

*(Please attach a separate sheet if necessary.)*

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

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**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:**

Vehicle Travel (check if appropriate) Train Limo Taxi Bus Amount \$ \_\_\_\_\_

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

Mileage \_\_\_\_\_ miles @ \$0.535 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*

Will individual receive an honorarium, or professional service payment? Yes No

If yes, attach itemized receipts.

**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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