

# SUBMIT SINGLE-SIDED COPIES ONLY



## 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 \_\_\_\_\_

Please Print Name \_\_\_\_\_

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

Please Print Name \_\_\_\_\_

\*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.*

Unpaid Academic (Visiting Scholar)

### **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.

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

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

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

**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 @ \$0.575 (Subject to change) per mile = \$ \_\_\_\_\_

*Mileage to/from SeaTac Airport is limited to 40 miles per round trip or \$23.00; 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)*