

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 _____

Please Print Name _____

Budget # ____ - ____ Amount \$ _____ PCA* _____ Authorized Signature _____

*When needed

Please Print Name _____

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, 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:

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

Auto Rental \$ _____ Parking \$ _____ Ferry \$ _____

Mileage _____ miles @ \$0.575 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: YES \$ _____ PLEASE EXPLAIN

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)*