

Name		<b>Travel Expense Worksheet</b> WSU College of Pharmacy Travel Expense Reimbursement	TA#	
Email			WSU ID#	
Phone #			SS#	
Mailing Address			(Only Provide SS# if no WSU ID#)	

	Travel Details	
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\*Note both departure time and return time on the appropriate date below.

		Breakfast		Lunch		Dinner		Lodging		Mileage
Date	*Time	City/State	Per diem Yes/No	City/State	Per diem Yes/No	City/State	Per diem Yes/No	City/State	Room Rate	(Calculate) Miles X .575 = \$

**Meal Receipts** not required; **Per diem allowance (Y or N)** provided at appropriate rate for all purchased meals that were not already provided through the conference/meeting.

Date	Vendor	Purpose (Example: Parking, Taxi)	Expense	COMMENTS

**IMPORTANT:** Reimbursement will be processed from this form. Fill out completely, attach itemized receipts, and forward to COP Business Services. You will receive email notification when the official reimbursement paperwork is ready for your electronic signature.