TRA	<b>VEL WORKS</b>	You are responsible for providing complete records to receive reimbursement								ER#			
	er is considered in travel s ne way, most direct route		vay from the offic	cial workstatio	on for 3 or m	nore hours in excess	of the regularl	y schedule	ed work day	and the d	estination is mo	re than 50 miles	
Date:	Tra	veler:	Title:				Email:  City: State: Zip Code:  Authorization (PI Signature):						
Cell #:		Mailing Address:				City:		Stat	e:	Zip Code:			
Budget Name:			Budget Number:			Authorization (Pl Signature):							
	of trip (if funded by gran												
IMPORT	ANT: BE SURE TO PRINT	Γ A DETAILED REGISTRA	ATION RECORD	AT THE TIME	YOU REGIS	STER FOR A CONFE	RENCE						
PRE-TRA	VEL ITEMS NEEDED												
☐ Airf	are Ticket Price: \$	Your na	me as it appear	s on ID (MUS	T MATCH)					D	OB:		
Attach pri	inted itinerary from airline we	bsite. NOTE: Fo	or Non-UW que	sts please co	ntact Josie	Hazen at (800) 621-	-2662, (206) 3	64-0100 d	or email jos	ie@lakeci	tytravel.com to	reserve airfare	
☐ Per	Diem Advance (minim	num 10 day notice requi	red, minimum \$3	300. Must be	on UW Payr	oll)	Amount of Pe	r Diem adv	/ance: \$				
ONCE	YOUR TRAVEL IS CO	MDI ETE EILI IN D	AII V INEODA	MATION RE	I OW:								
	ts for airfare, lodging, rent					NUST be included with	this reimburser	ment form.	No receipts r	eauired for	personal meals.		
						ox if conference hotel			Mark 'X' to claim meals and 'P'		<b>,</b>		
Date			Status	Status			Lodging	for meals provided		Point to Point	I		
nm/dd/yy	Location From	Location To	Began	Ended	Lo	odging Name	Amount	Brkfast	Lunch	Dinner	Mileage**	Vicinity Miles	
Other Exp	enses for Reimburseme	ent:			I								
Expense		Amount		Expense		Amount & Date		Other/Misc. Expense			Amount & Date		
irfare				Taxi/Shuttle									
egistration (include details of ems purchased)				Rental Car									
ems purc				Ferry									
ems purc				Ferry Parking									

Form created by AY on 10/21/13