

DEPARTMENT OF ORAL HEALTH SCIENCES

TRAVELER'S REIMBURSEMENT REQUEST

Today's Date: ____ / ____ / ____

SOD Travel Approval Case #: _____

NAME			
DESTINATION		WORKTAG	
PURPOSE OF THE TRIP	<i>If grant funds are being utilized, please be specific about how the travel benefits the award.</i>		
AIRFARE/AIRLINE	\$	Date/time left home:	Date/time arrived home:
<i>Attach itinerary with ticket price and seating class noted. Include change fee receipts if applicable.</i>			
MISCELLANEOUS EXPENSES: (Registration fee, taxi, airport shuttle, baggage fee, etc.) <i>attach receipts</i>			
PER DIEM:			
Meals daily per diem allowance: (leave blank if unsure)		(If meals are provided, please list the date(s) and meal(s) provided)	
Lodging/Hotel <i>attach itemized receipt</i>	Mileage <i>attach Google map documenting mileage</i>	Conference Hotel: ___ Yes ___ NO <i>If over per diem, attach conference hotel documentation.</i>	
\$	\$		
Mailing Address:		Primary work location, if other than Seattle campus. (City/State)	
PERSONAL DAYS: (Indicate date and location) <i>attach comparison itinerary</i>			
Notes:			

Traveler/Claimant Signature

Date

Principal Investigator Signature (if grant budget is being used)

Date