

DEPARTMENT OF ORAL HEALTH SCIENCES

Review the [UW Privacy Notice](#)

TRAVELER'S REIMBURSEMENT REQUEST

Today's Date: ____/____/____

SOD Travel Approval Case #: _____

NAME:		I am <input type="checkbox"/> a UW employee, <input type="checkbox"/> UW student, or <input type="checkbox"/> Visitor	
If you are <u>not</u> a US Citizen or Green Card Holder <u>and</u> the travel has occurred outside the US <i>Attach Foreign National documentation</i>			
DESTINATION:		WORKTAG:	
PURPOSE OF THE TRIP: <i>If grant funds are being utilized, be specific about how the travel benefits the award</i>			
AIRFARE: \$	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>			
\$			
\$			
MEAL PER DIEM: (leave blank if unsure) \$	(If meals are provided, please list the date(s) and meal(s) provided)		
Lodging/Hotel: <i>attach itemized receipt</i> \$	Conference Hotel: ___Yes ___NO <i>If over per diem, attach conference hotel documentation.</i>	Mileage: <i>attach Google map documenting mileage</i>	
PERSONAL DAYS: (Indicate date and location) <i>attach comparison itinerary</i>			
Mailing Address:		Primary work location, if other than Seattle campus (City/State)	
Notes:			

Traveler Signature

Date

Principal Investigator Signature (if grant worktag is being used)

Date