UNIVERSITY of WASHINGTON



College of Education Travel Reimbursement Form

Name of Traveler: Email:
Destination: Dates of Travel:
Method of payment: □Check sent to address (below): □ Direct Deposit □Check to Fiscal Office
Address: City, State, Zip:
Entered Travel Status (Date/Time): Left Travel Status (Date/Time):
Personal Travel Please note: any additional expenses incurred during personal travel, including expenses incurred by others not traveling on UW business, will not be reimbursed. You may need to provide a quote for a hotel rate based on single occupancy, if applicable. Did you stay longer than UW-related business?
 Was your airfare purchased on the College CTA card?
 Did you pay for any expenses for another traveler (lodging, airfare, registration, etc)? ☐ Yes ☐ No (If yes, please describe on back)
 Were any meals provided? ☐ Yes ☐ No (If yes, please describe on back)
 Did your travel plans change during trip (flight delays, came home early, etc.)? ☐ Yes ☐ No (If yes, please describe on back)
 Do you have other funding (not previously included on Pre-Travel Authorization)? ☐ Yes ☐ No (If yes, please describe on back)
Attachment Checklist (Note: Please be sure to print all receipts/info single-sided)
 ☐ Hotel receipt with zero balance ☐ Conference registration receipt (if applicable) ☐ Air receipt with flight times ☐ Conference agenda/schedule (if applicable) ☐ Receipts for incidental expenses (taxi, baggage check, Wi-Fi, parking etc.)
Please note: Failure to provide complete information or

Please use the space below to provide more detail about the following: • List any incidental or additional expenses • Describe changes in travel plans • List provided meals • Expenses paid for other travelers • Additional funding (not included on Pre-Travel Authorization)