Travel Reimbursement Form
University of Washington, Department of Astronom
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> Travelers are responsible for understanding UW Travel policy prior to their trip: http://f2.washington.edu/fm/travel/policies

Traveler's Name:		Non-UW Only		
		Mail check to:		
Email:				
Budget #:				
		UW Collaborator:		
Dates of Trip:		lus eu.		
Departure Time:	Return Time:	US Citizen/green card holder? ☐ Yes ☐ No If not, state visa type/status:		
beparture rime.	netarn rime.	ij not, state visa type, status.		
Destination City:		Purpose of Trip (required):		
Personal time taken? (required	d): 🗆 Yes 🗆 No			
Location:	Start Date/Time:	End Date/Time:		
Location:	Start Date/Time:	End Date/Time:		
Location:	Start Date/Time:	End Date/Time:		
Comments:				
Fill out to be reimbursed:				
Note: Exchange rates will	be calculated according t	to: https://www1.oanda.com/currency/converter/		
Airfare (itinerary required)*:		Car rental:		
Registration*:		Mileage (attach log):		
Hotel (folio required) [†] :		Taxi/Shuttle:		
† Meal per diem? <i>If yes, how l</i>	many days?	Misc. (List):		
Yes No Were any meals provided by h	otel/conference?	Misc. (List):		
☐ Yes ☐ No		Misc. (List):		
If yes, please note which meals (see back side/next page).		TOTAL:		
*Airfare, hotel and registration can †Lodaina and food reimbursement i	= = = = = = = = = = = = = = = = = = = =	rates based on the destination city and date: www.gsa.gov/perdiem		
NOTE: Email approval may be at		5 5,		
Traveler Signature:		Date:		
PI Signature:		Date:		
Chair Signature*:		Date:		
***************************************	in a second to			

Chair's signature only required if you are the PI of the budget you are submitting a reimbursement for.

Original receipts are required for AIRFARE, LODGING, RENTAL CAR, MEALS PAID FOR OTHERS, ETC. Hotel folio must be itemized and show traveler's name (credit card receipt is insufficient).

Meals Grid

Please list dates and mark which meals were provided below.

Date	Breakfast	Lunch	Dinner