

## DIVISION OF GENERAL INTERNAL MEDICINE TRAVEL REIMBURSEMENT REQUEST

Instructions: Complete form, attach copy of form and all receipts to Expense Report (ER)

TRAVELER INFORMATION			
<b>Name:</b>		<b>Phone:</b>	<b>UW Box:</b>
<b>Mailing Address:</b> <small>(For mailed checks only)</small>	<b>Traveler Type:</b>	<b>Email:</b>	
		<b>Official Duty Station:</b> <small>(City and State)</small>	
TRIP INFORMATION			
<b>Trip Name:</b> <small>(Do Not Use Acronyms)</small>			
<b>Destination:</b> <small>(City and State)</small>		<b>Budget(s) to be charged:</b> <small>(Number and Name)</small>	
<b>Purpose of Trip:</b> <small>(how does this trip benefit the grant/project/budget)</small>			
BUSINESS DATES			
<b>Start of Conference/Meetings:</b>	<b>Date:</b>	<b>Time:</b> <b>a.m.</b> <b>p.m.</b>	
<b>End of Conference/Meetings:</b>	<b>Date:</b>	<b>Time:</b> <b>a.m.</b> <b>p.m.</b>	
TRAVEL DATES			
<b>Departure From Duty Station or Home:</b>	<b>Date:</b>	<b>Time:</b> <b>a.m.</b> <b>p.m.</b>	
<b>Arrival at Destination:</b>	<b>Date:</b>	<b>Time:</b> <b>a.m.</b> <b>p.m.</b>	
<b>Departure from Destination</b>	<b>Date:</b>	<b>Time:</b> <b>a.m.</b> <b>p.m.</b>	
<b>Arrival At Duty Station or Home:</b>	<b>Date:</b>	<b>Time:</b> <b>a.m.</b> <b>p.m.</b>	
PERSONAL TIME			
<b>Does This Trip Include Any Personal Time:</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>			
<b>Personal Time Start:</b>	<b>Date:</b>	<b>Time:</b> <b>a.m.</b> <b>p.m.</b>	
<b>Personal Time End:</b>	<b>Date:</b>	<b>Time:</b> <b>a.m.</b> <b>p.m.</b>	
NOTES			
<small>(Please explain any special circumstances regarding this trip)</small>			

The Department of Medicine and the Division of General Internal Medicine requires receipts for all expenses (even those under \$75.00). Please include itemized receipts. Bank and Visa statements with total charge are no longer allowed. A copy of the conference or meeting agenda needs to be submitted with this form and receipts.

<b>AIRFARE</b>		
<b>Was Airfare Pre-paid on CTA?</b> Yes:                  No:		
<b>Are you requesting reimbursement for airfare?</b> Yes:                  No:		
<i>You must include an airfare itinerary even if you are not requesting reimbursement. This is used to determine when you are in travel status. Please submit itinerary with reimbursement form and receipts.</i>		
<b>LODGING</b>		
<b>Destination City:</b>	<b>Allowable Lodging Rate:</b> <small>(Click for website)</small>	
<b>Does the preferred lodging exceed the allowable rate?</b> Yes:                  No:		
<b>If Yes, specify the reason:</b>		
<b>Does the preferred lodging exceed 150% of allowable rate?</b> Yes:                  No:		
<b>If Yes, specify the reason:</b>		
<b>Notes:</b>		
<b>MEAL PER DIEM</b>		
<b>Are you requesting meal per diem?</b> Yes:                  No:		
<b>Were any meals included in the registration fee for the conference?</b> Yes:                  No:		
<i>Please list which meals were included and dates:</i>		
<b>EXPENSES</b>		
<i>(List all expenses requested for reimbursement)</i>		
Date Purchased	Description	Amount
<b>Total:</b>		