

DIVISION OF GENERAL INTERNAL MEDICINE TRAVEL REIMBURSEMENT REQUEST

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

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

AIRFARE		
Was Airfare Pre-paid on CTA? Yes: No:		
Are you requesting reimbursement for airfare? 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>		
LODGING		
Destination City:	Allowable Lodging Rate: <i>(Click for website)</i>	
Does the preferred lodging exceed the allowable rate? Yes: No:		
If Yes, specify the reason:		
Does the preferred lodging exceed 150% of allowable rate? Yes: No:		
If Yes, specify the reason:		
Notes:		
MEAL PER DIEM		
Are you requesting meal per diem? Yes: No:		
Were any meals included in the registration fee for the conference? Yes: No:		
<i>Please list which meals were included and dates:</i>		
MILEAGE		
Are you requesting mileage? Yes: No:		
<i>You must attach point-to-point driving instructions with mileage (i.e. Google Maps or Mapquest) or a mileage log to ER.</i>		
Total Mileage:	Current Mileage Rate:	Total Amount:
EXPENSES		
<i>(List all expenses requested for reimbursement)</i>		
Date Purchased	Description	Amount
	Total:	