

Travel Expense Form

Please read carefully and fill in ALL information. Thank You!

Date: _____

Please remember **YOU MUST PROVIDE PROOF OF PAYMENT (ORIGINAL RECEIPTS)** for all expenses or reimbursement will not be allowed. If you need copies of your receipts, please make them before submitting your expenses. **Please review the following websites:** <http://www.bussvc.wisc.edu/acct/travel/welcome> and <http://www.uwsa.edu/fadmin/travel.htm>.

Name: _____ SSN: ____-____-____ Email: _____

Permanent Address: _____ Apt: _____ City, Zip: _____

Campus Phone: _____ Home Phone: _____

Fund & Account # (if applicable): ____-____-____ Professor Name: _____

Status: UW Employee _____ UW Student w/ stipend pay _____ UW Student _____ U.S. Citizen _____ Visa Status _____
(Please include copy)

Dates of Travel: _____ Departure Time: _____ City: _____

Destination City: _____ Return Time: _____

Purpose of Travel: _____

EXPENSES:

Airfare: \$_____ Direct billed OR \$_____ Reimbursed on previous DP/TER. **Airfare itinerary and proof of payment required even when direct billed or reimbursed on previous DP/TER. If the first round trip fare quote exceeds \$500, written quotes from at least one other travel agency or airline must be obtained.**

Conference Registration: \$_____ Direct billed or paid by ProCard. \$_____ Reimbursed on previous DP/TER. **Registration form, itemized receipt, and conference program info showing registration fee rates required even when previously paid.**

Mileage: \$_____ (Circle one: personal car OR fleet car.) If personal car is used and mileage is less than 300 miles round trip, the rate of \$0.485 per mile may be claimed; if over 300 miles claim \$0.320 cents per mile. You **must include** street name of departure location and street name of destination location AND departure/arrival time.

Other: Supplies, parking charges, taxis, tolls, conference shuttles, phone, etc.
Please list specific dates, amounts, & **provide original receipts.** Taxi/limo charges **require receipt if over \$25 one-way.**

Per Diem (daily) Breakdown: Hotel bill (your name, proof of payment **required**. If you exceed meal maximums, meal receipts and explanation **required**. Refer to website: drill down for city lodging maximums and meal per diems. <http://www.bussvc.wisc.edu/acct/travel/welcome.html>

Date	Lodging	Breakfast	Lunch	Dinner
In State	\$70	\$8.00	\$9.00	\$17.00
Out of State	(ref website)	\$10.00	\$10.00	\$20.00
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total to be Reimbursed: \$ _____ . _____