

TRAVEL REQUEST Center for Nanotechnology

TRAVELER: _____ **Date Submitted:** _____

Budget Number: _____ **Visa Card? Y/N** _____ **UW Employee? Y/N** _____

If not UW, please fill in the following:

Social Security Number: _____

Home Address: _____

City: _____ **State:** _____ **Zip:** _____

PURPOSE OF TRIP: (Include name and place of conference & collaborators): _____

TRAVEL DESTINATION **City:** _____ **State:** _____

Departure Date: _____ **Departure Time from home:** _____

Return Date: _____ **Return Time to home:** _____

PERSONAL BUSINESS DAYS INCLUDED IN THIS TRIP? Y/N _____

If yes, please include dates: _____ to _____

AIRFARE? (receipt required) Y/N _____ **if yes,** AMOUNT

You are required to use the contract airlines for your city of destination.

TRAVEL AGENCY: _____ **City:** _____

Contact Name: _____ **Phone:** _____

LODGING: (receipts required) Y/N _____ **if yes,**

You will not be reimbursed for anything over the specific rate for the city of destination. See rates at <http://www.washington.edu/admin/travel/per.diem.2001.html> *.

Number of nights: _____ **Dates:** _____ to _____

Maximum rate per night: \$ _____

FOOD: (do not need receipts) Y/N _____ **if yes,**

You will not be reimbursed for anything over the specific rate for the city of destination. * Check city at same site.

Days: _____ **for Breakfast** _____ **Rate of \$** _____ **per day**

Days: _____ **for Lunch** _____ **Rate of \$** _____ **per day**

Days: _____ **for Dinner** _____ **Rate of \$** _____ **per day**

RENTAL CAR: (receipts required) Y/N _____ **if yes,**

You are required to use "BUDGET RENTAL CAR COMPANY".

No exceptions. **Number of days:** _____

REGISTRATION FEE:
(reimbursed after the trip, receipt required) _____ **Y/N** _____ **if yes,**

MILEAGE:. _____ **Rate of \$0.345 per mile. Total of 20 miles to SeaTac** _____ **if yes,**

MISCELLANEOUS EXPENSES: (taxi, phone, shuttle, etc.) _____ **if yes,**

Receipts required for everything over \$50

REQUEST FOR ADVANCE OF LODGING AND FOOD COSTS?: Y/N _____

(10 working days required to process document)

APPROVED BY: _____ **DATE:** _____ **TOTAL**