



UNIVERSITY OF WASHINGTON  
**TRAVEL REIMBURSEMENT REQUEST**  
 DEPARTMENT OF CHEMISTRY

P.O. Number
Date Issued

Date	Budget #	<input type="checkbox"/> VISA <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Non-UW	PURPOSE OF TRAVEL - Include <i>complete</i> names (no acronyms) of conferences, dates and locations (city, state or country) and <b>how this trip benefits the charged budget</b>	
Requester's Name				Phone
ADDRESS - where check is to be mailed. if other than Chemistry, Box 351700				

Expenses - receipts are required for all expenses over \$25.00 (except meals). List ALL expenses incurred while in travel status. When requesting food expenses, specify either per diem rate or specific number of days or specific amount (ie., per diem for 5 days or \$55.00).

This travel was started on (date) \_\_\_\_\_ at (time) \_\_\_\_\_

This travel was completed on (date) \_\_\_\_\_ at (time) \_\_\_\_\_

DATE	DATE	DESCRIPTION	AMOUNT	COMMENTS
		Food expenses		
		Lodging		
		Airfare		
		Registration		
		Taxi, shuttle, etc.		
		Miscellaneous		

I certify, under penalty of perjury, that the travel listed above was official university business and that expenses listed were appropriate in the conduct of this business. The most economical means available were used to accomplish this business unless personal safety would have been compromised. I have not received nor will I receive other reimbursement for these expenses. All available receipts have been provided and incurred necessary expenses without receipts have been noted.

P&A Office Information:

Requester's Signature \_\_\_\_\_ Date \_\_\_\_\_

PI (of budget) Approval Signature \_\_\_\_\_ Date \_\_\_\_\_