Employee Pre-Reimbursement Checklist

This form is for UW employees and UW student employees for claiming travel reimbursement. All travel expenses listed below must be incurred on behalf of UW business purposes. By completing this form, the traveler verifies that no expenses listed below were already reimbursed by UW or paid by a outside entity. The traveler will provide proper documentation, such as receipts and department approvals, for expenses listed below. Complete form below for items you're seeking reimbursement with full dollar amount.

Traveler Information

Traveler: UW Employee or UW Student Employee	Traveler Type: **UW Employee** ☐ **UW Student Employee** ☐ UW NetID ____ Name ____ Date Submitted ____ Home (City/State) ____ UW Box# ____ Universal Payee Requirement: Was the traveler/payee provided the [UW Privacy Notice]? ○ Yes, the UW Privacy Notice has been provided.

Trip Information

Event, Conference or Meeting	Name ____ Travel Start Date and Time ____ Location ____ Travel End Date and Time ____ ***Travel Approval Not Required*** ☐ ***Signed Travel Approval Attached*** ☐ ***Conference Docs Attached*** ☐
Personal Time	**No** ○ **Yes** ○ **Location** ____ **Start Date/Time** ____ **End Date/Time** ____ **Location** ____ **Start Date/Time** ____ **End Date/Time** ____

~ ENTER ONLY EXPENSES REQUESTED FOR PERSONAL REIMBURSEMENT ~		**AMOUNT**
Professional Fees	**Registration** ☐ **Membership** ☐ ***Receipt(s) attached (required)*** ☐	**$0.00**
Airfare	***Itinerary/Receipts attached*** ☐ ***Comparison Airfare attached (required if personal time included)*** ☐ ***Paid by CTA*** ☐	**$0.00**
Baggage Fees	**Date:** ____ **Cost:** ____ | **Date:** ____ **Cost:** ____	**$0.00**

Ground Transportation (car rental, tolls, gas, parking, taxi, bus,...)

Date	Type	Cost	Receipt and Map attached?	UW Business Purpose
	<select>		☐	
	<select>		☐	
	<select>		☐	
	<select>		☐	
	<select>		☐	
	<select>		☐	
	<select>		☐	
	<select>		☐	
	<select>		☐	

Amount: **$0.00**

Privately Owned Vehicle Mileage	**Total Miles Driven:** 0.0 ***Map(s) attached (required):*** ☐ **Mileage Rate 2026:** 0.725	**$0.00**
Lodging	***Prepaid hotel receipt or checkout folio attached (required)*** ☐ **Per Diem rate exceeded** ☐ **See:** [GSA Per Diem Rates] **and** [UWTravel Lodging Exceptions] ***Prior approval is required for exceeding rates, and one of the following exceptions below must apply:*** **Conference hotel **** ☐ **Lower cost overall** ☐ **Suite required** ☐ *****Conference hotel info attached*** ☐ **Special event/disaster** ☐ **ADA or safety/health** ☐	**$0.00**

Meals

RECEIPTS ARE NOT REQUIRED FOR TRAVELERS CLAIMING STANDARD MEAL PER DIEM RATES

Were any meals provided by others? Yes ○ **No** ○ **See:** [UWTravel Meals (Per Diem)]

List Meals: ____

Meals cannot be claimed for reimbursement if:

(a) *provided by the conference;* ***(b)*** *included within lodging price (i.e. BnB); or* ***(c)*** *paid by other attendees.*

Unsure what the Per Diem rate is? Check this box and fill in the dates below to be claimed ☐

Date:											
Breakfast											
Lunch											
Dinner											

Amount: **$0.00**

Other Miscellaneous (*descriptions and costs*)		

Reimbursement not to exceed funding limit without Department approval.

POINT PERSON USE ONLY	*Cost Center:*		**Additional Worktags:**		**Total:**	**$0.00**

Revised 2/19/2026