NON-EMPLOYEE TRAVEL CLAIM FORM

This form is for UW students (who are not UW employees), Faculty/Staff Candidate or Guest/Visitor for claiming a nontaxable travel reimbursement including foreign nationals. All travel expenses listed below must be incurred on behalf of UW business purposes. By completing this form, the traveler/department verifies that no expenses listed below were already reimbursed by UW or paid by a outside entity. The traveler/department 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. Without completion of this form, the traveler will receive a 1099-NEC (Non-employee compensation) form

Please be sure to attach all required receipts to the expense report/miscellaneous payment. **Fill out Traveler Information and Trip Information sections completely.**

					Trav	veler	Informatio	on							
Traveler:	Name Date Submitted														
Guest or Visitor, Faculty/Staff	Home (City/State) UW Box#														
Candidate, and															
UW Student															
	EU GDPR Requirement: Was the traveler/payee physically in the EU at the time this information was provided? No, EU GDPR does not apply. Yes, EU GDPR Privacy Notice has been provided by the Point Person.														
		LUGDFRC	1005 1101 0	appiy.										Unit	
					/	Are yo	ou a US Citi	zen or	a Gr	een Card	holder ?	Yes			No
	lf you answere	ed " <u>No</u> ", pl	lease sele	ct eithe	r " not ent	tering	/leaving U	or y	our <u>V</u>	/isa Type	<mark>/Status</mark> :				
If you did enter Visa Type/Status, provide upload Foreign National documentation to the Procurement Docusign.															_
Trip Information															
Event,	Name Travel Start Date and Time														
Conference or Meeting	or Location Travel End Date and Time														
meeting															
	No Yes	Locati	on			Start	Date/Time		·····		End	Date/	Time		
Personal Time	10 103	Locati					Date/Time					-	-		
								· · · · ·			End Date/Time				AMOUNT
CENTER ONLY EXPENSES REQUESTED FOR PERSONAL REIMBURSEMENT ~ AMOU Professional Registration Membership Receipt(s) attached (required) Amou															AMOUNT
Fees	Registration	1	Nembe	rsnip				Reco	eipt(s,) attache	d (requir	ed)			
Airfare	Itinerary/Receipts attached Comparison Airfare attached (required if personal time is included)														
Baggage Fees	Date:			Cost:			Date:				Cost:				
Ground	Date		Туре		Cost		Receipt and			UW	<u> </u>	Purpo	se	_	
Transportation	Date Type Cost attached? UW Business Purpose									-					
(car rental, tolls,										-					
gas, parking, taxi,														-	
bus,)														-	
														-	
													-		
											_				
Privately Owned	Total Miles	Drivon			Man(c) a	ttach	od (roquiro	۹).		Miloago	Pata 202	a. [0.655		
Vehicle Mileage	i viap(s) attached (required): ivineage Rate 2025: 0.055														
Lodging	Prepaid hotel			-		equire	ed)								
	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														
	Non-UW Traveler Special event/disaster ADA or safety/health														
Meals						-									
	Were any mea	neals provided by others? Yes No See: UWTravel Meals (Per Diem)													
	List Meals:									.,					
	(a) provi	ided hv the					ed for reim lodging prid				aid hv otl	her atte	ndees		
	() prov						d in the " Ot								
	Date:														
	Breakfast														
	Lunch														
	Dinner														
Other															
Miscellaneous (descriptions															
and costs)															
	Departn	nents mo	ny estal	blish s	tricter p	olici	es due to	fund	ding	and co	mplian	се со	ncerns		
													Total:		