UNIVERSITY OF WASHINGTON TRAVEL EXPENSE VOUCHE TRAVEL OFFICE, BOX 351117	R

1. Travel Destinatio		State	oreign	9. Type of Clair		I\A/		TRANSA	ACTION	5	$\overline{O}$	14. Req.#		
			imum 5 lines typed)		Type: (if applicable)				<u>DE</u>					Amount
					didate for Faculty/Staff [ Station (City and State Only)	Relocation								Amount
				11. Official Duty 8	station (City and State Only)			Registration	A ' C					
				10 Hama Addres	a (City and Ctata Only)			16. Airfare Contract Airfares						
				12. Home Addres	s (City and State Only)			17. I used Contract Airline & Airfare ☐Yes ☐No						
3. Date Prepared (Me	o Dv Vr.) 4 Budget	Number	% (Percentage)	13. Purpose of Tr	in (Include Dates)			Rental Car Contr						
3. Date 1 repared (init	0.,Dy., 11.) 4. Budget	Number	// (i ercentage)	13. Fulpose of 11	p (molude Dates)		19. N	Miscellaneous Ex	xpenses-Date a	nd Description	(Receipts	<u>s</u> )		
5. Shared Budget Nu	ımber (If applicable)		% (Percentage)	_										
3. Onared Budget No	imber (ii applicable)		/o (i ercentage)											
6. Contact Name	7	'. Contact's Telepho	nne & Box Number											
o. contact rame	,	. Contacts relepho	ine a Box Humber											
8. Project Cost Accor	unting			_										
Task:	Option:	Proj	ect:					TOTAL ITEMS	S ABOVE					Δ
20.	Trip Inforr	motion	21.	Time	Time 22. 23. Per Diem Per Diem/Cou				County Search 24.			Auto N		
Date	From	То	Depar	1	Lodging Name	Breakfast	Lunch	Dinner	Lodging	Net Daily Total	27. <b>P/P</b>	Vic.		
										,				
											28. TO	TALS	RATE	MILEAGE AMOUNT
														R
														D
Comments:				l a sudificion		TION AND APPRO		-14 - 15	25. TOTAL ALLOWABLE		26. TC	TAL CLAIM	ĒD	
					I certify, under penalty of perjury, that the travel listed above was official that expenses listed were appropriate in the conduct of this business				PER DIEM		PER DIEM			U
					ailable were used to accomplish sed. I have not received nor wi				29.	TOTALS DE				
					compromised. I have not received nor will I receive other reimburseme  34. I claim lodging exception.				(A + B + C)					
				l on relain	☐ Yes ☐ No		(over 150 %) a	and supporting	PER DIEM ADVANCE					
					documentat				(  - /					
									31.	If 29 is less t	han 30,	AMOUNT	•	
					l x				DUE UNIVER			Payment to		
					35. Traveler's Signature				32. If 29 is greater than 30, AMOUNT			IT		
									32. If 29 is greater than 30, AMOUNT DUE TRAVELER					
					X				33. ● When completed print form.					
					36. Approval Signature-Authorized Person  Both traveler and authorizing official have considered the expecte travel and whether an alternative approach could achieve the				<ul> <li>Date</li> <li>Obtain Signatures (35. and 36.) on page 1.</li> <li>Send original of page 1 and 2 along with receipts to Travel Office.</li> </ul>					
				travel ar	d whether an alternative	approach coul	d achieve the	same results.	Box 35	i1117.		•	•	is to maver Unice,
UoW1171 (Rev.10/06	6) PDF								<ul><li>Photoc</li></ul>	opy page 1 and	d receipts	for your file	es.	

• Photocopy page 1 and receipts for your files.

	UNIVERSITY OF WASHINGTON TRAVEL EXPENSE
	VOUCHER
1001	TRAVEL OFFICE BOX 351117

TRAVEL OFFICE, BOX	351117		9. Type of Claim:	☐ Student ☐ I	Non-UW		TRANS CC	ACTION DE	50   14. Req.#				
2. Name and Mailing Address where to Send Ch	neck (Maximum 5 line		10. Accounting Type:  Candida  11. Official Duty Station	te for Faculty/Staf		1							
	-	12. Home Address (Cit	ty and State Only)										
3. Date Prepared (Mo.,Dy.,Yr.) 4. Budget Number	% (Pe	ercentage)	13. Purpose of Trip (In	clude Dates)									
5. Shared Budget Number (If applicable)		ercentage)											
	t's Telephone & Box N	umber											
8. Project Cost Accounting Task: Option:	Project:												
BUDGET NUMBER	S/L	OBJ	SUB	SSUB	TASK	OPTN	PROJECT AMOUNT				LIQ		
REQ. #									TOTAL				
UoW1171 (Rev.10/06) PDF					NOTIC	_	25. TOTAL ALLOWABLE PER DIEM		26. TO	TAL CLAIMED PER DIEM	С		
DO NOT WRITE IN THIS SPACE				•	NOTIC			<sup>29.</sup> T	OTALS DETAILED (A + B + C)				
			TH	IS PAC	GE AN	DPAC	3F 1		PER DIEM ADVA (If Applicable)				
			THIS PAGE <u>AND</u> PAGE REQUIRED BY TRAVEL OFFICE				DUE U		29 is less than 30, <i>A</i> IVERSITY (Attach P				
									9 is greater than 30, DUE TRAVELE				
							<ul> <li>When completed print form.</li> <li>Obtain Signatures (35. and 36.) on page 1.</li> <li>Send original of page 1 and 2 along with receipts to Box 351117.</li> </ul>						