

# Travel Expense Form

Please read carefully and fill in ALL information. Thank You!

Date: \_\_\_\_\_

Please remember **YOU MUST PROVIDE PROOF OF PAYMENT (ORIGINAL RECEIPTS)** for all expenses or reimbursement will not be allowed. If you need copies of your receipts, please make them before submitting your expenses. **Please review the following websites:** <http://www.bussvc.wisc.edu/acct/travel/welcome> and <http://www.uwsa.edu/fadmin/travel.htm>.

Name: \_\_\_\_\_ SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_ Email: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ Apt: \_\_\_\_\_ City, Zip: \_\_\_\_\_

Campus Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Fund & Account # (if applicable): \_\_\_\_-\_\_\_\_-\_\_\_\_ Professor Name: \_\_\_\_\_

Status: UW Employee \_\_\_\_\_ UW Student w/ stipend pay \_\_\_\_\_ UW Student \_\_\_\_\_ U.S. Citizen \_\_\_\_\_ Visa Status \_\_\_\_\_  
(Please include copy)

Dates of Travel: \_\_\_\_\_ Departure Time: \_\_\_\_\_ City: \_\_\_\_\_

Destination City: \_\_\_\_\_ Return Time: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_

**EXPENSES:**

Airfare: \$\_\_\_\_\_ Direct billed OR \$\_\_\_\_\_ Reimbursed on previous DP/TER. **Airfare itinerary and proof of payment required even when direct billed or reimbursed on previous DP/TER. If the first round trip fare quote exceeds \$500, written quotes from at least one other travel agency or airline must be obtained.**

Conference Registration: \$\_\_\_\_\_ Direct billed or paid by ProCard. \$\_\_\_\_\_ Reimbursed on previous DP/TER. **Registration form, itemized receipt, and conference program info showing registration fee rates required even when previously paid.**

Mileage: \$\_\_\_\_\_ (Circle one: personal car OR fleet car.) If personal car is used and mileage is less than 300 miles round trip, the rate of \$0.485 per mile may be claimed; if over 300 miles claim \$0.320 cents per mile. You **must include** street name of departure location and street name of destination location AND departure/arrival time.

Other: Supplies, parking charges, taxis, tolls, conference shuttles, phone, etc.  
Please list specific dates, amounts, & **provide original receipts.** Taxi/limo charges **require receipt if over \$25 one-way.**

Per Diem (daily) Breakdown: Hotel bill (your name, proof of payment **required**. If you exceed meal maximums, meal receipts and explanation **required**. Refer to website: drill down for city lodging maximums and meal per diems.  
<http://www.bussvc.wisc.edu/acct/travel/welcome.html>

Date	Lodging	Breakfast	Lunch	Dinner
In State	\$70	\$8.00	\$9.00	\$17.00
Out of State	(ref website)	\$10.00	\$10.00	\$20.00
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Total to be Reimbursed: \$ \_\_\_\_\_ . \_\_\_\_\_**