

Travel Expense Worksheet – Academic Affairs

TA# _____

Traveler: _____	Start Date: _____
WSU ID: _____	End Date: _____
Mailing Address: _____	Start Time of Travel: _____ <input type="radio"/> am <input type="radio"/> pm
City, State, Zip _____	End Time of Travel: _____ <input type="radio"/> am <input type="radio"/> pm
Traveler's E-Mail _____	Travel Destination: _____

Meals (Enter only meals that you are requesting reimbursement for by identifying each day and city/state location, following the example below.)

<u>Date</u>	<u>Location (start of day)</u>	<u>Location (end of day)</u>	<u>Location at Breakfast</u>	<u>Location at Lunch</u>	<u>Location at Dinner</u>
<i>01/03/14</i>	<i>Pullman</i>	<i>Washington, DC</i>	<i>N/A</i>	<i>Denver, CO</i>	<i>Washington, DC</i>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Mileage (Enter only mileage that you are requesting reimbursement for while traveling in your personal vehicle, following the example below.)

<u>Date</u>	<u>Starting Location</u>	<u>Ending Location</u>	<u>Point-to-Point Mileage</u>
<i>01/03/14</i>	<i>Pullman</i>	<i>Spokane</i>	<i>76</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Expenses (Enter only those items that you are requesting reimbursement for. An itemized original zero balance receipt for all lodging*, conference registration and airline tickets is required.)

Airfare Ticket
Please attach original receipts.

Other (Taxi, Shuttle, Parking, Gas, Public Transportation, etc.)
Please describe below and attach original receipts.

Conference Registration
Please attach original receipts.

Rental Car
Please attach original receipts.

Lodging **If lodging exceeds allowance - identify the appropriate exception rule below** *(not including tax).*
Please attach original receipts.

1 – Disaster Area

4 – Must Accompany Another

2 – Accommodations Not Available

5 – To Comply with ADA

3 – Business Interaction Required

6 – Meeting Room Required

If an original receipt is not available, please include a signed Receipt Affidavit form for each missing receipt. Reproduced copies of receipts are not acceptable. All lodging, conference registration, and airfare ticket receipts must indicate a zero balance owed or show that the transaction actually "hit" the credit card. If neither of these are available, a Receipt Affidavit form must be included. Please note that submitting incomplete information may delay the processing time of your reimbursement.

Additional Travel Details:

Please return this form with original receipts to Cheryl Jensen, West 263.

Claimant's Signature

Date