**PhD Student Travel Reimbursement Form**

**Please return completed form to Melissa Best (****bestm2@uw.edu****) no later than 45 days from the end of travel.**

Complete applicable sections, attach all original receipts for expenses

**Travel Information**

|  |  |
| --- | --- |
| Name: |  |
| Conference Name: |  |
| Conference Date: |  |
| Departure Date |  |
| Return Date |  |
| Conference Location: |  |

**Reimbursement Information**

|  |  |
| --- | --- |
| Conference Registration Fee(s): |  |
| Airfare: |  |
| Ground Transportation: |  |
| Lodging: |  |
| Other Expense (Itemize and explain): |   |

**Per Diem Food Reimbursement Information:**

*Meal receipts are not required. Meal reimbursements will be based on current per diem rates at the time the reimbursement is processed. Indicate number of days and meals you are claiming for per diem reimbursement:*

Please list any meals provided by the conference or event here:

By signing this form you are certifying that you have not and will not seek reimbursement for these same expenses from any other source. If this award is in complement of another source of funding make sure to only seek reimbursement for the portion not covered by that other source.

Traveler Signature:

Today’s Date: