

TRAVEL EXPENSE WORKSHEET

When seeking reimbursement for travel expenses or accounting for a travel advance, submit the Travel Expense Voucher by the tenth day of the month after conclusion of travel. Attach required ORIGINAL receipts to this worksheet for inclusion with the Travel Expense Voucher. [BPPM 95.20]

Name: _____ WSU ID: _____ Date: _____
 Office Email: _____ Home Address: _____
 Office Phone: _____ Job Title: _____
 Destination: _____ Supervisor: _____
 Departed: (town) _____ On: _____ At: am pm
 Returned: (town) _____ On: _____ At: am pm

Purpose of Trip: _____

Fill in the boxes below with the CITY OR TOWN you slept in, NOT THE DOLLAR

Meals: AMOUNT. Indicate complimentary meals that are not reimbursable.

<https://www.gsa.gov/travel/plan-book/per-diem-rates/frequently-asked-questions-per-diem>

Date						
Breakfast						
Lunch						
Dinner						

Lodging

Was lodging complementary? yes no (Original receipt must show lodging paid in full.)

Do you wish to claim phone calls appearing on the hotel receipts? yes no

Transportation

Do you wish to claim any personal automobile mileage? yes no

Total business miles claimed: _____ Point to Point Miles: _____ Vicinity Miles: _____

Did you use a state vehicle? Murrow Motor Pool

Did you use a rental car? yes no

Miscellaneous

Any miscellaneous expenses? (e.g., Parking, Taxi, Airport Shuttle, etc.)

Cost	Description

If yes, describe how your purchases pertain to your job and your travel:

Expense Number _____

Budget Project _____

ORIGINAL RECEIPTS MUST BE ATTACHED MUST INDICATE BALANCE DUE OF "0" or PAID IN FULL!!