

**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: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Job Title: Rural Reporting Plunge student journalist

Destination: \_\_\_\_\_ Supervisor: Prof. Lisa Waananen Jones

Departed: (town) Pullman On: 10/03/2025 At: 1:30  am  pm

Returned: (town) Pullman On: 10/04/2025 At: \_\_\_\_\_  am  pm

Purpose of Trip: Participation in Rural Reporting Plunge experiential learning event

Fill in the boxes below with the **CITY OR TOWN** you stopped for sleep **NOT THE DOLLAR AMOUNT**.

**Meals:** Location for last days travel continues to be that of the location where you last stopped to sleep. Indicate complimentary meals that are not reimbursable. <https://www.gsa.gov/travel/plan-a-trip/per-diem-rates/faqs>

Date	10/03/2025	10/04/2025	~~~~~	~~~~~	~~~~~	~~~~~
Breakfast	~~~~~	*	~~~~~	~~~~~	~~~~~	~~~~~
Lunch	*	*	~~~~~	~~~~~	~~~~~	~~~~~
Dinner	*		~~~~~	~~~~~	~~~~~	~~~~~

**Lodging**

Was lodging complementary?  Yes  No (Original receipt must show either a zero ("0") balance or 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: \_\_\_\_\_  
*Point to Point Mileage is mileage one-way*

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:

**ORIGINAL RECEIPTS MUST BE ATTACHED. THEY MUST INDICATE BALANCE DUE OF "0" or PAID IN FULL**

*For Office Use Only:*

Expense Number \_\_\_\_\_

Budget Project \_\_\_\_\_