Student Travel Reimbursement Request Form ** Pharmacy & Pharmaceutical Sciences

Name		TA#	
Email		WSU ID#	
Phone #			
Mailing Address			
		Trip Details and Purpose of travel	

*Note both departure time and return time on the appropriate date below.		Breakfast		Lunch		Dinner		Lodging		Mileage
Date	*Time	City/State	Per diem Yes/No	City/State	Per diem Yes/No	City/State	Per diem Yes/No	City/State	Room Rate	Miles Driven

Please note: Most travel awards do not cover meal reimbursement. Meal reimbursement & mileage dollar amount, when applicable, will be added to your total by CPPS Business Services.

Lodging Total	$0	Total miles: 0
Combined Estimated Total	$0	

Date	Vendor	Purpose (Example: Parking, Taxi)	Expense
From whom did you receive travel awards?			
Notes:			
(Add this total to the Combined Estimated Total in above section) Total			$0

CERTIFICATION AND APPROVAL

I certify, under penalty of perjury, that the travel listed above was official University business and the expenses listed were appropriate in the conduct of this business. The most economical means available were used to accomplish this business unless personal safety would have been compromised. Other than as described above, I have not received nor will I receive other reimbursement for these expenses.

SIGNATURES REQUIRED

Claimant Date

IMPORTANT: Reimbursement will be processed by Pharmacy for ALL travel awards (PPSO, YPPSO, ASWSU-HS, Dean's, and/or any others). Please be clear about your expected travel awards

Once complete, please sign and deliver this form along with your paid receipts to Pharmacy Business Services 130 PBS or Lori Henderson, WSU CPPS, PO Box 1495, Spokane, WA 99210-1495