

Name		Department of Pharmacotherapy	TA#	
Email			WSU ID#	
Phone #			SS#	
Mailing Address			(Provide SS# if no WSU ID#)	

Travel Expense Worksheet
 WSU Travel Expense Reimbursement

	Travel Details	
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*Note both departure time and return time on the appropriate date below.

Date	*Time	Breakfast		Lunch		Dinner		Lodging		Mileage
		City/State	Per diem Yes/No	City/State	Per diem Yes/No	City/State	Per diem Yes/No	City/State	Room Rate	(Calculate) Miles X .54 = \$
Lodging Total(s) \$									\$	\$
Combined Estimated Total									\$	\$

Meal Receipts not required; Per diem allowance (Y or N) provided at appropriate rate for all purchased meals that were not already provided through the conference/meeting.

Date	Vendor	Purpose (Example: Parking, Taxi)	Expense	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	
			(Add this total to the Combined Estimated Total in above section) Total \$	Claimant	Date