Name		**Travel Expense Worksheet** WSU College of Pharmacy Travel Expense Reimbursement		TA#	
Email				WSU ID#	
Phone #				SS#	
Mailing Address				(Only Provide SS# if no WSU ID#)	
		Travel Details			

*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	Enter Number of Miles Driven

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 confererence/meeting.

Date	Vendor	Purpose (Example: Parking, Taxi)	Expense	COMMENTS

IMPORTANT: Reimbursement will be processed from this form. Fill out completely, attach itemized receipts, and forward to COP Business Services. You will receive email notification when the official reimbursement paperwork is ready for your electronic signature.