

**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!!**