

CLAIMANT NAME, TITLE, MAILING ADDRESS	WSU ID or SSN *	TRIP START DATE	TRIP END DATE
	PRIMARY DESTINATION	OFFICIAL RESIDENCE	
PURPOSE OF TRIPS (S)	PREPARER'S NAME	OFFICIAL STATION	
	PREPARER E-MAIL	PREPARER'S PHONE	
<input type="checkbox"/> Check if the claimant is not a U.S. citizen and enter visa type.	VISA TYPE	MAIL CODE	TA NUMBER

TRAVEL EXPENSE VOUCHER

WASHINGTON STATE UNIVERSITY
PULLMAN, WA 99164-1025

CONTROLLER'S OFFICE USE ONLY		
PAYMENT REQ. NO.	RECEIVED DATE	CONTROLLER'S OFFICE
PURPOSE	COMMENTS	
AUTO-ENTER DATA?	<input type="checkbox"/>	

TRIP INFORMATION				FOOD AND LODGING						State of WA Per Diem Map		Domestic U.S. Per Diem Map		AUTOMOBILE		TOTAL PER DAY
DATE	FROM	TO	HOUR		BREAKFAST		LUNCH		DINNER		ROOM RATE	TOTAL FOOD & LODGING	MILEAGE		TOTAL MILEAGE COSTS	
			DEPART	RETURN	LOCATION	RATE	LOCATION	RATE	LOCATION	RATE			PT-PT	VICINITY		

I claim the exception to the maximum lodging amount and certify that the following exception condition per BPPM 95.06 exists:

Rule No.

TOTALS

TRAVEL DETAILS

OTHER EXPENSES – Attach Required Receipts			
DATE	PAID TO	FOR	AMOUNT
			☐
			☐
			☐
			☐
			☐
			☐

ACCOUNT CODE								<input type="checkbox"/> Check if any supporting budget is in programs 11-14.
FUND	SUBF	PROG	BUDGET	PROJECT	OBJ	SUB	AMOUNT	

CERTIFICATION AND APPROVAL Check if additional signatures are required. See page 2.

I certify, under penalty of perjury, that the travel listed above was official University business and that 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.

X _____ TYPED NAME OF CLAIMANT

CLAIMANT'S SIGNATURE /XXXXXXXXXXXXXXXXXXXX/

X _____ TYPED NAME OF SUPERVISOR

TRAVELER'S SUPERVISOR /XXXXXXXXXXXXXXXXXXXX/

X _____ TYPED NAME OF EXPENDITURE AUTHORITY

EXPENDITURE AUTHORITY /XXXXXXXXXXXXXXXXXXXX/

TOTAL TRAVEL EXPENSE
Controller Correction (see comments above)
Total reimbursement amount limit
Less Travel Advance
DUE WSU (enclose check)
AMOUNT DUE CLAIMANT

Obj/Sub codes -- 01 MT: Meals taxable--same day travel; 04 AA: Meals/lodging (In-state); 04 AF: Personal mileage (In-state); 04 AG: Rental cars & gas for rental cars (In-state); 04 AW: Other (In-state); Out of state subjects: BA, BF, BG, BW

* WSU is requiring that non-WSU individuals requesting payment from WSU disclose social security number or employer ID number (EIN) pursuant to Section 6109 of the Internal Revenue Code. When required, WSU will use disclosed social security numbers for IRS reporting purposes only.

ATTACHMENT TO TRAVEL EXPENSE VOUCHER

CLAIMANT NAME, TITLE, MAILING ADDRESS	START DATE OF TRIP
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TRIP INFORMATION				FOOD AND LODGING							AUTOMOBILE			TOTAL PER DAY		
DATE	FROM	TO	HOUR		BREAKFAST		LUNCH		DINNER		ROOM	TOTAL FOOD & LODGING	MILEAGE		TOTAL MILEAGE COSTS	
			DEPART	RETURN	LOCATION	RATE	LOCATION	RATE	LOCATION	RATE	RATE		PT-PT			VICINITY

OTHER EXPENSES — Attach Required Receipts					ADDITIONAL COMMENTS/JUSTIFICATION							
DATE	PAID TO	FOR		AMOUNT								
			<input type="checkbox"/>									
			<input type="checkbox"/>									
			<input type="checkbox"/>									
			<input type="checkbox"/>									
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			<input type="checkbox"/>									
					ADDITIONAL ACCOUNT CODES							
					FUND	SUBF	PROG	BUDGET	PROJECT	OBJ	SUB	AMOUNT
					ADDITIONAL APPROVAL SIGNATURES							
					X _____ DATE _____ TYPED NAME OF SUPERVISOR TRAVELER'S SUPERVISOR							
					X _____ DATE _____ TYPED NAME OF EXPENDITURE AUTHORITY EXPENDITURE AUTHORITY							

All amounts entered are included in totals shown on the first page.