School Name

and/or School logo 

Faculty Candidate Airfare Reimbursement Form

Please complete the form in its entirety to help assist us with reimbursing you the airfare portion of your travel costs.

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| Name of Faculty Candidate: |  |
| Candidate Home Address: |  |
|  |  |
| U.S. Citizen or Permanent Resident: | Yes ▢ No ▢ If no, give country of citizenship : *If no, you are required to provide a copy of your Visa and picture page of passport*. |
| The University of Washington’s reimbursement system, ARIBA, requires candidate’s citizenship information be provided.  |

**Instructions:** Please provide your airfare receipt(s) with flight times. By signing this form, you attest to complying with the University of Washington airfare policy. <https://finance.uw.edu/travel/airfare>.

Please note:

* Additional expenses incurred during personal travel, including expenses incurred by others not traveling on UW business, will not be reimbursed.
* Airfare trip insurance is not eligible for reimbursement.
* Must be the lowest logical cost, and observe/exclude any fees due to personal preference or convenience not necessary/critical to UW business. Additional fees resulting from discount fares may be considered when determining most economical (fees for carry-on, checked bags, etc.)
* Total Airfare $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Provided proof of payment and itemized airfare itinerary

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| --- | --- | --- | --- |
| Signature: |  | Date Signed |  |

1900 Commerce Street, Tacoma WA 98402 Ph: (253) Box: