

Travel Itinerary Reimbursement Form

Please fully complete this form, enclose **ORIGINAL RECEIPTS** and submit to:
MNTL Business Office, 2104 MNTL, MC-249

You will be notified when your Expense Report is ready for submission in TEM

Questions: PLEASE CONTACT THE MNTL BUSINESS OFFICE

For complete policy on Employee Business Travel go to: <https://www.obfs.uillinois.edu/travel/faqs/>

Office Use Only
Expense Report#:
Report Title:

Name:	Purpose: Please provide the what, when, where and why of travel.
UIN:	
Email:	
UIUC Status: <input type="checkbox"/> Employee <input type="checkbox"/> Student <input type="checkbox"/> Student-Employee	
Required Account:	
Chart Fund Org Program % or \$	Travel Category: <input type="checkbox"/> In-State <input type="checkbox"/> Out-of-State <input type="checkbox"/> Foreign (Check all that apply)
Chart Fund Org Program % or \$	Travel Expenses Paid by University: (e.g. Airfare on T-Card)

Date and Time	Departed From/Arrive at	Mileage	Commercial Plane/Bus/Rail If paid by you	Rental Car Zero balance receipt required	Parking/Tolls	Taxi	Lodging Conference Hotel? Yes or No	Circle Per Diem Requested	Misc
<i>Example 2/15/12 8am / 1:30pm</i>	<i>Urbana/Boston</i>		<i>\$ 279.42</i>	<i>\$</i>	<i>\$</i>	<i>\$ 23</i>	<i>\$ 169.36</i> <input checked="" type="radio"/> Y or N	B L <input checked="" type="radio"/> D	
			\$	\$	\$	\$	\$ Y or N	B L D	
			\$	\$	\$	\$	\$ Y or N	B L D	
			\$	\$	\$	\$	\$ Y or N	B L D	
			\$	\$	\$	\$	\$ Y or N	B L D	
			\$	\$	\$	\$	\$ Y or N	B L D	

Other details or further explanation:
