Travel Itinerary Reimbursement Form

Please fully complete this form, enclose **ORIGINAL RECEIPTS** and submit to:

Engineering Business Services Center 2250 DCL, MC-279

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

For complete policy on Employee Business Travel go to: http://www.obfs.uillinois.edu/cms/One.aspx?portalld=909965&pageld=930377

Name:					Detailed Purpose: Please provide the what, when, where and why of travel.							
UIN:												
UIUC Email:												
UIUC Status:					Travel Category: In-State Out-of-State Foreign (Check all that apply)							
Required Account Information (CFOP):					Travel Expenses Paid by University T-card:							
(1)	% or \$											
(2) % or \$												
*Dates Include departure and return times for per diem	Departed From/Arrive at	Mileage	Commercial Plane/Bus/Rail	Rental Car Gas/Fuel	r Parking/ Tolls	Taxi	Lodging Conference Hotel? Yes or No	*Per Diem Check meals requested		eals	Other/Misc/Notes Use this area for items which do not fit into one of the other categories	
Example 2/15/12 8am / 1:30pm	Urbana/Boston		\$ 279.42	\$	\$	\$ 23	\$ 169.36 √ Y or N	√ B	L	√ D		
							Y	В	L	D		
							Y					
							N	В	L	D		
							Y N	В	L	D		
							Y N	В	L	D		
							If conference hotel, Payables requires printed documentation.	В	L	D		
Travel Award	lf yes, ho	w much did	you receive:									
									PI/Faculty Approval:			
									Laura Gerhold (required for student reimbursements): (For Aerospace Only)			

*Per Diem will be calculated based off dates and times provided including any meal deductions, unless otherwise stated.