

Travel Itinerary Reimbursement Form

Questions: contact ebcs-travel@illinois.edu

v8.7.2018

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?portalId=909965&pageId=930377>

<p>Name: _____</p> <p>UIUC: _____</p> <p>UIUC Email: _____</p> <p>UIUC Status: _____</p> <p style="text-align: center;">Required Account Information (CFOP):</p> <p>(1) _____ % or \$</p> <p>(2) _____ % or \$</p>	<p>Detailed Purpose: Please provide the what, when, where and why of travel.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Travel Category: <input type="checkbox"/> In-State <input type="checkbox"/> Out-of-State <input type="checkbox"/> Foreign (Check all that apply)</p> <p>Travel Expenses Paid by University T-card:</p> <p>_____</p> <p>_____</p>
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*Dates <small>Include departure and return times for per diem</small>	Departed From/Arrive at	Mileage	Commercial Plane/Bus/Rail	Rental Car Gas/Fuel	Parking/Tolls	Taxi	Lodging <small>Conference Hotel? Yes or No</small>	*Per Diem <small>Check meals requested</small>	Other/Misc/Notes <small>Use this area for items which do not fit into one of the other categories</small>
<i>Example 2/15/12 8am / 1:30pm</i>	<i>Urbana/Boston</i>		\$ 279.42	\$	\$	\$ 23	\$ 169.36 ✓ Y or N	✓ B L D	
							Y N	B L D	
							Y N	B L D	
							Y N	B L D	
							Y N	B L D	
							If conference hotel, Payables requires printed documentation.	B L D	

Travel Award If yes, how much did you receive: _____

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

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