

# Travel Itinerary Reimbursement Form

Questions: contact [ebsc-travel@illinois.edu](mailto:ebsc-travel@illinois.edu)

v8.7.2018

Please fully complete this form, **receipts** and submit to:  
[ebsc-travel@illinois.edu](mailto:ebsc-travel@illinois.edu)

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

<b>Name:</b> _____ <b>UIN:</b> _____ <b>UIUC Email:</b> _____ <b>UIUC Status:</b> _____ <b>Required Account Information (CFOP):</b> (1) _____ % or \$ (2) _____ % or \$	<b>Detailed Purpose:</b> Please provide the what, when, where and why of travel. _____ _____ <b>Travel Category:</b> <input type="checkbox"/> In-State <input type="checkbox"/> Out-of-State <input type="checkbox"/> Foreign (Check all that apply) <b>Travel Expenses Paid by University T-card:</b> _____ _____
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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>		<i>\$ 279.42</i>	<i>\$</i>	<i>\$</i>	<i>\$ 23</i>	<i>\$ 169.36</i> ✓ 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.