Travel Itinerary Reimbursement Form

Questions: contact ebsc-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

Name:

UIN:

UIUC Email:

UIUC Status:

Required Account Information (CFOP):

(1)   % or $

(2)   % or $

Detailed Purpose: Please provide the what, when, where and why of travel**.**

Travel Category: ☐ In-State ☐ Out-of-State ☐ Foreign (Check all that apply)

Travel Expenses Paid by University T-card:

*Dates Include **departure** and **return** times for per diem	Departed From/Arrive at	Mileage	Commercial Plane/Bus/Rail	Rental Car Gas/Fuel	Parking/ Tolls	Taxi	Lodging Conference Hotel? Yes or No	*Per Diem Check meals requested	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 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:

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