**Employee Reimbursement Form**

**Please complete all sections of this form and attach itineraries, conference announcements and original itemized receipts.**

**Please use Adobe Acrobat or Adobe Reader to complete this form if possible.**

**Name:**

**UIN:**

**Net ID:**

# TRAVEL

Was lodging shared with another UIUC traveler? If **yes**, who?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Detailed Description of trip including the when, what, who, where and why?** | | | |  | |  | |
|  | | | | | | | |
| **How does this trip benefit the University of Illinois?** | | | | | | | |
|  | | | | | | | |
| **Destination(s)** | | | | | **Dates of Travel To/From CU** | | **Time** |
|  | | | | | **Departure** |  |  |
|  | | | | | **Return** |  |  |
| **Airfare** |  |  |  | **Lodging** |  | C**onference Registration** | |
| Yes  Travel Expenses Paid by University T-card or P-card |  |  |  |  |  |  | |

Did you stay at a conference hotel?

If Foreign Travel are you requesting lodging allowance? Are you requesting per diem?

**Yes No** If **YES** provide printed out documentation (NO URLs)

## Yes No

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**Yes No**

If **yes**, were any meals provided? **Yes No**

If **yes**, please indicate below which meals were **PROVIDED** by the conference, host or hotel.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Sun** | **Mon** | **Tue** | **Wed** | **Thu** | **Fri** | **Sat** |
| **Breakfast** |  |  |  |  |  |  |  |
| **Lunch** |  |  |  |  |  |  |  |
| **Dinner** |  |  |  |  |  |  |  |

# USE FOR ALL EXPENSES

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date(s)** | **Description of Expense (List receipts individually)** | | | | **Amount** |
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|  | **Total** (Attach additional sheets as needed) | **Total attached sheets** |  | **Expense Total** | **$**0.00 **-** |

## By signing this form I (the department head) acknowledge that I have reviewed the information and approve the reimbursement.

|  |  |  |  |
| --- | --- | --- | --- |
| **CFOP/Account** | **Amount** | **Signature and Date** | |
|  |  | **Employee Signature** |  |
|  |  | **Department Signature** |  |
| **REIMBURSEMENTS SUBMITTED TO UNIVERSITY PAYABLES AFTER 60 DAYS MAY BE TAXABLE.**  **PLEASE SUBMIT THIS FORM TO YOUR DEPARTMENT SUPPORT WITHIN TWO WEEKS OF COMPLETED TRAVEL. PLEASE ATTACH ORIGINAL RECEIPTS FOR ALL EXPENSES.** | | | |

SOCrhr-6.17.21