

Employee Reimbursement Form

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

Name:			
UIN:		Net ID:	

TRAVEL

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	

Was airfare paid by university credit card (T-Card)?	Yes _____	No _____	If YES , ER # _____
Was lodging paid by university credit card (T-Card)?	Yes _____	No _____	If YES , ER # _____
Was registration paid by university credit card (P-Card)?	Yes _____	No _____	If YES , ER# _____
Was lodging shared with another UIUC traveler? If yes , who was the person(s)?	_____		
Did you stay at a conference hotel?	Yes _____	No _____	If YES provide printed out documentation (NO URLs)
If Foreign Travel are you requesting lodging?	Yes _____	No _____	
Are you requesting per diem?	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
	Total (Attach additional sheets as needed)	Expense Total
	Total attached sheets	\$ -

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.