

# 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.

<b>Name:</b>			
<b>UIN:</b>		<b>Net ID:</b>	

**TRAVEL**

<b>Detailed Description of trip including the when, what, who, where and why?</b>

<b>How does this trip benefit the University of Illinois?</b>

Destination(s)	Dates of Travel To/From CU	Time
	Departure	
	Return	

Airfare \_\_\_\_\_ Lodging \_\_\_\_\_ Conference Registration \_\_\_\_\_  
 Yes \_\_\_\_\_

Travel Expenses Paid by University T-card or P-card

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

Did you stay at a conference hotel? Yes \_\_\_\_\_ No \_\_\_\_\_ If **YES** provide printed out documentation (NO URLs)  
 If Foreign Travel are you requesting lodging allowance? 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
<b>Total</b> (Attach additional sheets as needed)	<b>Total attached sheets</b>	<b>Expense Total</b> \$ -

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.**