

Travel Itinerary Reimbursement Form

Please fully complete this form, enclose **ORIGINAL RECEIPTS** and submit to: Art + Design Business Services Center 138 A&D, MC-590

Questions: contact Yunling Man at yman@illinois.edu

Received: _____

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: _____

Email: _____

Date & Time of Departure: _____

Date & Time of Return: _____

UIUC Status: _____

CFOP: _____ Amount: % or \$

(1) _____

(2) _____

Purpose: Please provide a detailed reason for expense and benefit to the University

Starting Location/ Destination (**include time travel started & time arrived home)	Mileage <small>current Mileage Rate:</small>	Commercial Plane/ Bus/Rail <small>If paid by you</small>	Rental Car, Gas & Fuel	Parking/ Tolls	Taxi	Lodging <small>*Conference Hotel?</small> Yes or No	**Meals Provided	Other/Misc/Notes <small>Use this area for items which do not fit into one of the other categories</small>
<i>Urbana/Boston</i>	Mileage: 100 Estimated Total: \$54.00		\$ 0.00	\$ 0.00	\$ 23.00	\$ 169.36 ✓ Y or N	<input checked="" type="checkbox"/> L D	*Breakfast provided at conference
	Mileage: Estimated Total:	\$	\$	\$	\$	\$ Y or N	B L D	
	Mileage: Estimated Total:	\$	\$	\$	\$	\$ Y or N	B L D	
	Mileage: Estimated Total:	\$	\$	\$	\$	\$ Y or N	B L D	
	Mileage: Estimated Total:	\$	\$	\$	\$	\$ Y or N	B L D	
	Mileage: Estimated Total:	\$	\$	\$	\$	\$ Y or N	B L D	
	Mileage: Estimated Total:	\$	\$	\$	\$	\$ Y or N	B L D	
	Mileage: Estimated Total:	\$	\$	\$	\$	If conference hotel, Payables requires printed documentation.	B L D	

Other details or further explanation:

*Please provide proof that venue was a Conference Hotel

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

PI/Faculty Approval: _____