

Travel Expense Reimbursement Form

Dept. of Urban & Regional Planning

NAME: _____

UIN: (located on your University ID Card) _____

ADDRESS: _____

****All requests for reimbursement must meet the University's 60-day policy – this means we must receive the reimbursement request at least 2 weeks before the 60 day limit.****

Travel was by: University Car Personal Car Rental Car (Please provide justification)
Commercial Airline Personal Plane Other

For Commercial planes, was a P-Card used? Yes No

If a P-Card was not used, please enter the total amount of the Plane/Bus/Train Ticket _____

**** (Please be sure to attach original passenger receipt (s) and E ticket itinerary.) ****

Was there a cash advance for travel Yes No If yes, amount of advance _____

Was lodging at a Conference Hotel Yes No If yes, attach copy of documentation

Is there an exception to travel? Yes No If yes, provide justification

If requesting reimbursement for a business meal include: purpose of meeting, names of attendees, their affiliations, and the ITEMIZED receipt. *****

TRAVEL DIARY: Please account for each day you were traveling, include times of departure and arrival.

Date	Left From (Place)	Time	Arrived at (Place)	Time	Mileage	Hotel	Check meals you want reimbursed
							B L D
							B L D
							B L D
							B L D
							B L D
							B L D
							B L D
							B L D
							B L D
							B L D

OTHER EXPENSES (Registration Fees not previously paid, Taxi/Shuttle, Bus, Phone Calls, etc.)

Date	Expense	Amount	Date	Expense	Amount

PURPOSE OF TRAVEL: (Please be specific. Presented a paper., Participated in a conference., etc.)

Fund/Program #: _____

% charged to this account _____

% charged to this account _____

% charged to this account _____