UNIVERSITY OF ILLINOIS TRAVEL / EMPLOYEE EXPENSE REIMBURSEMENT FORM

Name:					Dept. Name & M/C:					ance #		UPAY Use Only							
Banner Vendor Number:					Dept. Contact:					Final Payment?					Banner Document #				
Remittance Address (insert on lines below):					Phone:					Transportation purchased with P-Card:					Address Sequence:				
					Method of Transportation:					Amount:				Address Code:					
					Is lodging conference hotel?					P-Card Transaction #:				Check Print Location:					
					Is exception included in total?					Travel Advance Amount				Headquarters:					
Date	Departed From/ Arrived At	<u>Time</u>	# of Auto Miles @ \$0.485	Auto Reimburse- ment Air,		Air, Rail, Etc.	Transportation Car Rental	Taxi, F	Parking s, Etc.	Lodging		Meals or Per Diem		<u>Misc.</u> Expense		Daily Totals			
				Αι	uto Calculate	Amount in U.S. \$	Amount in U.S. \$	Amount	in U.S. \$	Amount	in U.S. \$	Amount	in U.S. \$	Amount i	n U.S. \$	Aut	o Calculate		
				\$	-									Desc:		\$	-		
				\$	-									Desc:		\$	-		
				\$	-									Desc:		\$	-		
				\$										Desc:		\$			
				\$	-									Desc:		\$			
				\$	-									Desc:		\$	-		
				\$	-									Desc:		\$	-		
	Total Travel Exper	nse:		\$	-	\$ -	\$ -	\$	-	\$	-	\$	-	\$	-	\$	-		
Destination and Purpose of Trip:										Total M	liscellai	neous E	Expense	es		\$	-		
		TOTAL TRAVEL & MISC.						EXPENSE \$			-								
			Less Travel Advance					Doc.#				-							
							Total Due To/(Owed by						nployee	•	\$	-			
Employee Miscellaneous Expense Reimbursement FOAPAL (* = Required Fields; For Trav														complet	o Chart c	odo or	a loot line)		
Date	Employee ime		Descripti		01130 1101	in bar serific	Amount	Chart*	Index	Fund*	Orgn*	Acct*	Program*		Location				
Date			Descripti	UII			Amount	FOP TIT		Funa"	Orgn.	ACCL	Program.	Activity	Location		Amount		
								FOP III	LE: 										
								FOP TIT	LE: 			ĺ							
								FOP TIT	LE: 										
						TOTAL	\$ -	FOP TIT	LE: 	Travel Ad 200450	•	53080	hart Code I	below)		\$	-		
official business furnished with tr	RAVEL CERTIFICATION: I certify that, in accordance with Section 12 of "An Act in Relation to State Finance", the above amount is correct and just; that the detailed items charged for subsistence were actually paid; that the expenses were occasioned by ifficial business or unavoidable delays requiring the stay at hotels for the time specified; that the journey was performed with all practicable dispatch by the shortest route usually traveled in the customary reasonable manner; and that I have not been unished with transportation or money in lieu thereof for any part of the journey therein charged for. If I have used my private vehicle, or private aircraft, I also certify that I was duly licensed and carried at least the minimum insurance coverage required by tatutes and University Travel Regulations. "I certify that the purpose of this travel was initially approved by the appropriate authority."																		
Employee S	Date:						Instructions:												
Note: Travel	sidered taxable income. (See Section 15.1 for details.)						Attach original paid receipts for all hotels, registrations,												
Approved (Dean, Director, Dept. Head):							OBFS Approval:						and miscellaneous reimbursable items.						
We, the Undersigned, Hereby Certify that the Above Bill is Correct and Payable from the Appropriation Shown.							University of Illinois						2. Attach customer copy of Air, Rail, or Train tickets						
Chairman, Board of Trustees; Secretary, Board of Trustees							Chicago/Springfield/Urbana-Champaign (6-07)						See OBFS website for detailed instructions						