

Travel Itinerary Reimbursement Form

Please fully complete this form, enclose **ORIGINAL RECEIPTS** and submit to:

Engineering Business Services Center 2250 DCL, MC-279

You will be notified when your Expense Report is ready for submission in TEM

Questions: contact engr-sbasc@illinois.edu

For complete policy on Employee Business Travel go to: <http://www.obfs.uillinois.edu/cms/One.aspx?portalId=909965&pageId=930377>

Office Use Only

Expense Report#:

Report Title:

Name:

Mailing Address:

Email:

Telephone:

Purpose: Please provide the what, when, where and why of travel.

Travel Expenses Paid by University: (e.g. Airfare on T-Card)

Date and Time	Departed From/Arrive at	Mileage	Commercial Plane/Bus/Rail If paid by you	Rental Car Zero balance receipt required Gas/Fuel	Parking/ Tolls	Taxi	Lodging Conference Hotel? Yes or No	Circle Per Diem Requested	Other/Misc/Notes Use this are for items which do not fit into one of the other categories
Example 2/15/12 8am / 1:30pm	Urbana/Boston		\$ 279.42	\$	\$	\$ 23	\$ 169.36 Y or N	B L D	
			\$	\$	\$	\$	\$ Y or N	B L D	
			\$	\$	\$	\$	\$ Y or N	B L D	
			\$	\$	\$	\$	\$ Y or N	B L D	
			\$	\$	\$	\$	\$ Y or N	B L D	
			\$	\$	\$	\$	\$ Y or N	B L D	
			\$	\$	\$	\$	If conference hotel, Payables requires you to include printed proof along with receipts.	B L D	

Other details or further explanation:

PI/Faculty Approval (signature required):