

Visitor Reimbursement & Honorarium Form

Submit to SLCL Business Office

Please complete all sections of this form and attach original receipts for all expenses.

Name:		UIN:	
Institution Name:	FROM BANNER		
Home Address:	Address Type:		
	Address Sequence:		
City:		State:	Zip:
Country			
E-mail:		Phone:	

US Citizen _____ Perm Resident _____ Visa Type _____

See back page for required Visa documentation

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

Purpose of Travel/Expense	
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(If additional space is needed for explanation please attach separate sheet of paper)

Benefit to the University of Illinois	
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Honorarium (Attach required honorarium form and printed copy of event flyer)

Date of honorarium event _____ Amount _____

List Travel Expenses (attach original receipts)

Date(s)	Description of Expense (List receipts individually)	Amount
Total Expenses		
Total Including Honorarium		

CFOP #: _____

CFOP Title: _____

Sponsoring Faculty Signature: _____

Department Signature: _____

Date: _____