

SLCL Employee Travel Reimbursement Form

This form will be matched to the submitted SLCL Travel Pre-Approval form.

Please complete all sections of this form and attach itineraries, conference announcements and original itemized receipts.

Name:			
UIN:		Net ID:	

TRAVEL

Detailed Description of trip including the when, what, who, where and why?	STF #

How does this trip benefit the University of Illinois?

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

Was airfare paid by university credit card (T-Card)? Yes _____ No _____ If **YES**, OM provide ER # _____

Was lodging paid by university credit card (T-Card)? Yes _____ No _____ If **YES**, OM provide ER # _____

Was registration paid by university credit card (P-Card)? Yes _____ No _____ If **YES**, OM provide ER # _____

Was lodging shared with another UIUC traveler? If **yes**, who was the person(s)? _____

Did you stay at a conference hotel? Yes _____ No _____ If **YES** provide printed out documentation (NO URLs)

If Foreign Travel are you requesting lodging? Yes _____ No _____

Are you requesting per diem? Yes _____ No _____

If **yes**, were any meals provided? Yes _____ No _____

If **yes**, please indicate below which meals were **PROVIDED** by the conference, host or hotel.

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Breakfast							
Lunch							
Dinner							

USE FOR ALL EXPENSES

Date(s)	Description of Expense (List receipts individually)	Amount
	Total (Attach additional sheets as needed)	Total attached sheets
		Expense Total \$

By signing this form I (the department head) acknowledge that I have reviewed the information and approve the reimbursement.

BANNER ACCOUNT(S)/ACCOUNT TITLE(S)	Amount	Signature and Date	
		Employee Signature	
		Department Head Signature	

**REIMBURSEMENTS SUBMITTED TO UNIVERSITY PAYABLES AFTER 60 DAYS MAY BE TAXABLE.
PLEASE SUBMIT THIS FORM TO YOUR DEPARTMENT EO SUPPORT WITHIN TWO WEEKS OF COMPLETED TRAVEL.
PLEASE ATTACH ORIGINAL RECEIPTS FOR ALL EXPENSES.**