

UNIVERSITY OF ILLINOIS TRAVEL / EMPLOYEE EXPENSE REIMBURSEMENT FORM

Name:		Dept. Name & M/C:		Encumbrance #		UPAY Use Only	
Banner Vendor Number:		Dept. Contact:		Final Payment?		Banner Document #	
Remittance Address (insert on lines below):		Phone:		Transportation purchased with P-Card: Amount: P-Card Transaction # :		Address Sequence:	
		Method of Transportation:				Address Code:	
		Is lodging conference hotel?		Travel Advance Amount		Check Print Location:	
		Is exception included in total?				Headquarters:	

Date	Departed From/ Arrived At	Time	# of Auto Miles @ \$0.485	Transportation				Lodging	Meals or Per Diem	Misc. Expense	Daily Totals
				Auto Reimbursement	Air, Rail, Etc.	Car Rental	Taxi, Parking Tolls, Etc.				
				Auto Calculate	Amount in U.S. \$	Amount in U.S. \$	Amount in U.S. \$	Amount in U.S. \$	Amount in U.S. \$	Amount in U.S. \$	Auto Calculate
				\$ -						Desc:	\$ -
				\$ -						Desc:	\$ -
				\$ -						Desc:	\$ -
				\$ -						Desc:	\$ -
				\$ -						Desc:	\$ -
				\$ -						Desc:	\$ -
				\$ -						Desc:	\$ -
Total Travel Expense:				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Destination and Purpose of Trip: _____	Total Miscellaneous Expenses	\$ -
	TOTAL TRAVEL & MISC. EXPENSE	\$ -
	Less Travel Advance Doc. #	\$ -
	Total Due To/(Owed by) Employee	\$ -

Employee Miscellaneous Expense Reimbursement

Date	Description	Amount	FOAPAL (* = Required Fields; For Travel Advance, complete Chart code on last line)								
			Chart*	Index	Fund*	Orgn*	Acct*	Program*	Activity	Location	Amount
TOTAL		\$ -									\$ -

TRAVEL 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 official 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 furnished 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 statutes and University Travel Regulations. "I certify that the purpose of this travel was initially approved by the appropriate authority."

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Employee Signature: _____	Date: _____	Instructions:
Note: Travel reimbursements must be claimed within 60 days of completion of travel or the reimbursement is considered taxable income. (See Section 15.1 for details.)		<ol style="list-style-type: none"> 1. Attach original paid receipts for all hotels, registrations, and miscellaneous reimbursable items. 2. Attach customer copy of Air, Rail, or Train tickets 3. See OBFS website for detailed instructions
Approved (Dean, Director, Dept. Head): _____		
OBFS Approval: University of Illinois Chicago/Springfield/Urbana-Champaign (6-07)		
We, the Undersigned, Hereby Certify that the Above Bill is Correct and Payable from the Appropriation Shown. Chairman, Board of Trustees; Secretary, Board of Trustees		