



Travel Report for Expense Reimbursement

Name: _____ UIN/NetID: _____

Account to charge trip to: _____

CONFERENCE/WORKSHOP/SEMINAR INFORMATION

Event/Conference Name: _____

Event/Conference Website: _____

Event/Conference Location (City/State): _____

Presentation Title: _____

Business Justification:
(detailed description) _____

TRAVEL INFORMATION

DEPARTURE INFORMATION

Date of Departure: _____ Departure City: _____ Depart Time: _____

Date of Arrival _____ Arrival City: _____ Arrival Time: _____
(if different)

Are you departing from an alternate location than C-U? Yes No

If yes, please give justification: _____

RETURN INFORMATION

Date of Return: _____ Departure City: _____ Departure Time: _____

Date of Arrival _____ Arrival City: _____ Arrival Time: _____
(if different)

Are you returning to an alternate location than C-U? Yes No

If yes, please give justification: _____

Was there personal travel: Yes No If Yes, dates of personal travel: _____

HOTEL STAY

Hotel: _____ # nights: _____ Amount: _____

1. Original hotel receipt attached with this form? Yes No

2. Did you choose the conference hotel (listed on program as an option): Yes No

If No, please list reason:

No Alternative – Least costly room available within area

Required Location – Location selected for conducting University Business.

Least Total Cost – Ground transportation costs make alternative lodging uninominal.

4. Were there any personal charges to the hotel bill? If so please circle them. Yes No

Continue on next page...

TRANSPORTATION:

- Personal Vehicle/Mileage** (please enter your start/end location address, so the system can calculate the mileage)
Address of Location Leaving from: _____
Address of location driving to: _____
- Shuttle/Bus** (Peoria Charter, Greyhound, etc): (please attach **detailed** receipt with form)
- Taxis/Lyft/Uber/etc:** Please attach all receipts with reason for each expense (Ex: from airport to hotel, from home to airport, etc). **Upgraded rides are not reimbursable (Uber Black, Lyft Lux, etc), please attach comparable receipt, if used upgraded ride.**
- Rode with Someone Else**
- Car Rental*:** Please attach detailed itemized receipts. **Optional Damage Waiver is not reimbursable.**
*University contracted providers: Enterprise Rent-a-Car ® & National Car Rental®
- Commercial Plane** (airline invoice & itinerary attached) – flight must be **Economy**. If not, please give justification & comparable economy flight estimate from travel website.
Justification: _____
Ticket Change Fee: _____ Reason for Change: _____
Baggage Fees Departure Flight: _____ Baggage Fees Return Flight: _____

MEALS (per diem)

Were meals provided by hotel/conference/host/etc.? Yes No

Check the box(s), for meal that were provided:

<i>Breakfast</i>	<input type="checkbox"/> Sun	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat
<i>Lunch</i>	<input type="checkbox"/> Sun	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat
<i>Dinner</i>	<input type="checkbox"/> Sun	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat

MEMBERSHIP (if part of conference travel)

Organization/Association Membership to: _____

Start Date: _____ End Date: _____

MISCELLANEOUS EXPENSES (parking, tolls, etc)

*Maximum \$10 daily without receipt

Date	Cost	Description	Receipts
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

Return Form with DETAILED ITEMIZED receipts to:
stat-travel@illinois.edu or 151 CAB

