

Department of Statistics
Student Travel Report for Expense Reimbursement

Name: _____ UIN: _____

Account to charge trip to (see advisor): _____

Conference Name & Location (City/State): _____

Brief Title of Paper or Presentation: _____

Purpose of trip:
(Detailed description, how does this benefit the University?)

If any personal time during trip, please note dates on back of form

Date of Departure: _____ Depart Time: _____

From _____ To _____ Arrive Time: _____

Date of Return: _____ Depart Time: _____

From _____ To _____ Arrive Time: _____

TRANSPORTATION:

- Personal Vehicle (mileage _____ -one way)
- Rode with Someone Else
- Shuttle/Taxi to airport Price to: _____ Price From: _____
- Commercial Plane (*airline ticket attached*) Price: _____
Ticket Change Fee: _____ Reason for Change: _____

HOTEL STAY

Hotel: _____ # nights: _____ Amount: _____

1. *Did you share the room?* Yes No
 - a. If yes, with whom? _____
 - b. How was the hotel paid for? _____
2. Original hotel receipt attached to this form? Yes No
3. Was this the hotel where the conference/event was held? (*if applicable*) Yes No
4. Was this the lowest priced room available? Yes No
5. Were there any personal charges to the hotel bill? If so please circle them. Yes No

MEALS (provide receipts or use per diem rate if over 18 hours)

Were meals provided? Yes No If so, how many: Breakfast _____ Lunch _____ Dinner _____
Per Diem request Sun Mon Tues Wed Thurs Fri Sat
(which days)

MISCELLANEOUS EXPENSES (parking, tolls, etc)

ON BACK SIDE OF FORM*

**Return Form with ORIGINAL Itemized receipts to:
Reimbursement Tray, 101 Illini Hall, MC-374**

