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 (which days) ☐ Sun ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat

MISCELLANEOUS EXPENSES (parking, tolls, etc)  ***ON BACK SIDE OF FORM***

Return Form with ORIGINAL Itemized receipts to: Reimbursement Tray, 101 Illini Hall, MC-374
MISCELLANEOUS EXPENSES (parking, tolls, etc) CONTINUED

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<th>Date</th>
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*Maximum $10 daily without receipt

Additional Information