Department of Statistics
Travel Report for Expense Reimbursement

Name: ___________________________ UIN: ___________________________

Account to charge trip to: _____________________________________________

Purpose of trip: (detailed description) ___________________________________

Location (City/State): ________________________________________________

*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:

☐ Car Rental Company Rental Fee: ___________ Gas: (if applicable) ___________ (receipts attached)
☐ Shuttle/Taxi to/from airport ___________ (receipt attached)
☐ Personal Vehicle (mileage ___________ -one way)
☐ Rode with Someone Else
☐ Commercial Plane (airline invoice & itinerary attached) Price: ____________

Ticket Change Fee: ___________ Reason for Change: ____________________________
Baggage Fees Departure Flight: ___________ Baggage Fees Return Flight: ___________

HOTEL STAY

Hotel: ___________________________ # nights: ___________ Amount: ___________

1. Original hotel receipt attached to this form? ☐ Yes ☐ No
2. Was this the hotel where the conference/event was held? (if applicable) ☐ Yes ☐ No
3. Was this the lowest priced room available? ☐ Yes ☐ No
4. 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 (which days) ☐ Sun ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat

MISCELLANEOUS EXPENSES (parking, tolls, etc)

*Maximum $10 daily without receipt

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<th>Date</th>
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Return Form with ORIGINAL Itemized receipts to:
Reimbursement Tray, 101 Illini Hall, MC-374
Additional Information