

UIS College of Public Affairs and Education

Travel Reimbursement Form

Name:

UIN:

All items must be completed and the form must be signed or it will be returned to you for completion. Only include items for which you are requesting reimbursement - please mark NA where applicable

Purpose/Reason for Travel *and how it benefits the university:*

(Business purpose requirements are a result of the IRS Accountable Plan rules. Provide the Who, What, When, Where, and Why with enough details to satisfy an auditor's request for information)

Travel Location:

If conference, conference name:

Conference Dates: From:

To:

Conference Registration Fee *(if requesting reimbursement only)*: \$

Funding Source:

Faculty Development

University Scholar

Pearson Award

Spencer Award

CSR Grant

Scholarly Presentation SP

International Travel Program

Other CFOP:

Per Diem:

Day left on trip:

Date:

Time:

Date returned:

Date:

Time:

If any meals were provided by someone else or were included with your stay (i.e. as part of a conference package, continental breakfast at hotel, etc.) please place a check next to the meals provided to you in the boxes below. ***You will not receive per diem for these meals.***

Date:	Breakfast	Lunch	Dinner

Lodging:

Was this a conference hotel?

Yes

No

(If yes, please provide documentation such as conference brochure)

Total Cost per Hotel *(please attach itemized receipt)*: \$

Transportation (attach receipts):

Airfare: \$

Taxi/Car Service: \$

Car Rental: \$

Gas (Rental Car Only): \$

Personal Car – Mileage:

Starting Address:

Train \$

Bus: \$

Parking: \$

Round Trip: Yes

No

Ending Address:

Other Reimbursements – please list and provide receipts:

Item 1:		Amount \$	
Purpose:			
Item 2:		Amount \$	
Purpose:			
Item 3:		Amount \$	
Purpose:			
Item 4:		Amount \$	
Purpose:			
Item 5:		Amount \$	
Purpose:			
Item 6:		Amount \$	
Purpose:			
Item 7:		Amount \$	
Purpose:			
Item 8:		Amount \$	
Purpose:			

Notes/Additional Details:

Signature:

Date: