

# TRAVEL EXPENSE REIMBURSEMENT

Food Science and Human Nutrition

Name: \_\_\_\_\_ UIN: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail: \_\_\_\_\_@illinois.edu Telephone #: \_\_\_\_\_

I do  I do not hold an appointment with the University of Illinois

Purpose of travel: \_\_\_\_\_

Destination: \_\_\_\_\_

FOP: \_\_\_\_\_ % or \$: \_\_\_\_\_

FOP: \_\_\_\_\_ % or \$: \_\_\_\_\_

## I would like reimbursement for:

Airfare

Per diem

Hotel

Registration

Mileage (personal vehicle):

Rental car  
(please attach written  
justification with department  
head preapproval)

Bus/taxi/shuttle

Other: \_\_\_\_\_

**Departed:**  headquarters  home – city: \_\_\_\_\_

**Returned:**  headquarters  home – city: \_\_\_\_\_

## I authorize the travel as proposed above on the listed FOP(s).

Printed Advisor Name: \_\_\_\_\_ Advisor Signature: \_\_\_\_\_

(required for all student travel)

My airplane ticket was purchased with a T-Card by:

Amanda Floyd

Audra Martin

I purchased my registration using a P-Card:

Name on P-card: \_\_\_\_\_

I am not requesting transportation reimbursement because I traveled by:

University car

carpool

PLEASE COMPLETE TRAVEL DIARY WITH DETAILS OF TRAVEL.

● ATTACH ORIGINAL RECEIPTS PER UNIVERSITY POLICY.

**Travel Diary.** Please account for **each day** you were traveling, even if no reimbursement is requested for each day. On the days with no reimbursement request, simply enter the date and leave the rest of the row blank. Include time of departure and arrival, and check any meals that were included in the conference costs. **Per diem rates will be calculated for all meals not checked.**

Date	Left from (City, State, Country)	Time		Arrived at (City, State, Country)	Mileage (personal car only)	Conference Hotel?		Meals provided by conference or sponsor
		Initial time entry should be the time you <u>left for travel</u>	Final time entry should be the time you <u>returned from travel</u>			*Registration & conference information needs to be included with RAT form.		
		_____ a.m. _____ p.m.		_____ a.m. _____ p.m.		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	
		_____ a.m. _____ p.m.		_____ a.m. _____ p.m.		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	
		_____ a.m. _____ p.m.		_____ a.m. _____ p.m.		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	
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		_____ a.m. _____ p.m.		_____ a.m. _____ p.m.		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	
		_____ a.m. _____ p.m.		_____ a.m. _____ p.m.		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	
		_____ a.m. _____ p.m.		_____ a.m. _____ p.m.		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	
		_____ a.m. _____ p.m.		_____ a.m. _____ p.m.		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	

Other Expenses (Registration fees not previously paid, Taxi/Shuttle service, etc.)

If telephone calls appear on your lodging bill, please indicate whether the calls were business or personal.

Date	Expense	Amount

Date	Expense	Amount

Travel Diary (page two) Traveler's Name \_\_\_\_\_ Dates of travel \_\_\_\_\_

Date	Left from (City, State, Country)	Time	Arrived at (City, State, Country)	Time	Mileage (personal car only)	Conference Hotel?	Meals provided by conference or sponsor
		Initial time entry should be the time you left for travel		Final time entry should be the time you returned from travel		*Registration & conference information needs to be included with RAT form.	
		_____ a.m. _____ p.m.		_____ a.m. _____ p.m.		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner
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		_____ a.m. _____ p.m.		_____ a.m. _____ p.m.		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner
		_____ a.m. _____ p.m.		_____ a.m. _____ p.m.		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner
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