## LLS Employee Travel Reimbursement Form

This form will be matched to the Travel Receipts presented to LLS OM.

Please complete all sections of this form and attach itineraries, conference announcements and original itemized receipts.

FUND:   CFOP:     TRAVEL     Detailed Description of trip including the when, what, who, where and why?   STF #     Modes this trip benefit the University of Illinois?     How does this trip benefit the University of Illinois?     Destination(s)     Destination(s)     Destination(s)     Destination(s)     Destination (s)     Destination (s)     Destination (s)     Detailed of Travel To/From CU     Time     Departure     Return     No   If YES, provide OM LINK     Was lodging paid by university credit card (T-Card)?   Yes   No   If YES, provide OM LINK     Was lodging shared with another UIUC traveler? If yes, who was the person(s)?   No   If YES, provide OM LINK     Was lodging shared with another UIUC traveler? If yes, who was the person(s)?   If YES provide OM LINK     Did you stay at a conference hotel?   Yes   No   If YES provide OM LINK     Ane you requesting per diem?   Yes   No   If YES provide printed out documentati	Name:											
Detailed Description of trip including the when, what, who, where and why?   STF #     How does this trip benefit the University of Illinois?	FUND:						CFOP:					
How does this trip benefit the University of Illinois?     Destination(s)   Dates of Travel To/From CU     Departure   Departure     Return   Return     Was airfare paid by university credit card (T-Card)?   Yes     No   If YES, provide OM LINK     Was lodging paid by university credit card (P-Card)?   Yes     No   If YES, provide OM LINK     Was registration paid by university credit card (P-Card)?   Yes     No   If YES, provide OM LINK     Was lodging shared with another UIUC traveler? If yes, who was the person(s)?   If YES provide printed out documentation (NO URLs)     If Foreign Travel did you request lodging?   Yes   No	TRAVEL											
Destination(s)   Dates of Travel To/From CU   Time     Departure   Departure   Image: Comparison of the second of	Detailed Des	cription of trip i	ncluding the	e when, wh	at, who, wh	ere and wh	y?		STF #			
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Was lodging shared with another UIUC traveler? If yes, who was the person(s)?   If Yes   No     Did you stay at a conference hotel?   Yes   No   If YES provide printed out documentation (NO URLs)     If Foreign Travel did you request lodging?   Yes   No   If Yes provide printed out documentation (NO URLs)	Was lodging	paid by univers	ity credit ca	ard (T-Card)	?	Yes		No		If <b>YES</b> , provide OM LINK		
Did you stay at a conference hotel? Yes No If YES provide printed out documentation (NO URLs)   If Foreign Travel did you request lodging? Yes No	Was registrat	tion paid by uni	versity cred	dit card (P-C	ard)?	Yes		No		If <b>YES</b> , provide OM LINK		
If Foreign Travel did you request lodging? Yes No	Was lodging	shared with an	other UIUC	traveler? If	<b>yes</b> , who w	as the pers	on(s)?					
	Did you stay	at a conference	hotel?		Yes		No		If <b>YES</b> provid	de printed out documer	tation (NO URLs)	
Are you requesting per diem? Yes No	If Foreign Tra	ivel did you req	uest lodgin	g?	Yes		No		-			
							-					
If yes, were any meals provided? Yes No									-			
If yes, please indicate below which meals were PROVIDED by the conference, host or hotel.       Sun     Mon     Tue     Wed     Thu     Fri     Sat	If <b>yes</b> , please	indicate below							Sat	1		
Breakfast		Breakfast	Sull	WOII	Tue	weu	mu	FII	341			
Lunch												
Dinner												
USE FOR ALL EXPENSES				<i>(</i>								
Date(s) Description of Expense (List receipts individually) Amount	Date(s)	Description	of Expense	e (List receip	ts individua	liy)					F	Amount
		_										
		_										
		_										
		-										
	1	_										
Total (Attach additional sheets as needed) Total attached sheets Expense Total												

## By signing this form I acknowledge that I have provided OM with the complete information to process the reimbursement in Chrome River.

BANNER ACCOUNT(S)/ACCOUNT TITLE(S) Amount Signature and Date									
		Employee Signature							
REIMBURSEMENTS SUBMITTED TO UNIVERSITY PAYABLES AFTER 60 DAYS MAY BE TAXABLE.									
PLEASE SUBMIT THIS FORM TO YOUR DEPARTMENT EO SUPPORT WITHIN TWO WEEKS OF COMPLETED TRAVEL.									
PLEASE ATTACH ORIGINAL RECEIPTS FOR ALL EXPENSES.									