## **LLS Employee Travel Reimbursement Form**

This form will be matched to the submitted LLS Travel Pre-Approval form.

Please complete all sections of this form and attach itineraries, conference announcements and original itemized receipts. Name: FUND: CFOP: **TRAVEL** Detailed Description of trip including the when, what, who, where and why? STF# How does this trip benefit the University of Illinois? Destination(s) Dates of Travel To/From CU Time Departure Return Will airfare be paid by university credit card (T-Card)? If YES, provide OM LINK No Will lodging be paid by university credit card (T-Card)? No If YES, provide OM LINK Will registration be paid by university credit card (P-Card)? If YES, provide OM LINK No Was lodging shared with another UIUC traveler? If yes, who was the person(s)? Did you stay at a conference hotel? If YES provide printed out documentation (NO URLs) If Foreign Travel are you requesting lodging? Yes No Are you requesting per diem? Yes No If yes, were any meals provided? Yes No If yes, please indicate below which meals you are **REQUESTING** per diem Sun Thu Fri Tue Breakfast Lunch Dinner **USE FOR ALL EXPENSES** Description of Expense (List receipts individually) Date(s) Amount Total (Attach additional sheets as needed) **Total attached sheets** Currency: **Expense Total** \$ By signing this form, I acknowledge that I have provided OM with the complete information to process the reimbursement. 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.