

Travel Reimbursement Instructions

2020

Please fully complete this form, enclose ORIGINAL RECEIPTS and submit to: TBH-Business Service Center, 105 TBH, MC-614

For complete policy on Employee Business Travel go to: <http://www.obfs.uillinois.edu/cms/One.aspx?portalId=909965&pageId=930377>

1. **Questions**, please contact Jen Frank at jenfrank@uillinois.edu
2. For **Time of Departure and Return** please include the time you left your house and returned home.
3. **CFOPAL**. Please provide the CFOPAL you want to use to reimburse your travel to. If there is more than one, please list it and tell what percentage or amount you want us to use from each Fund.
4. For the **Purpose** of Travel, please be specific and provide as many details as you can.
5. For **Expenses**, please list all expenses you had during your travel that you need to be reimbursed.
6. **Mileage** the rate that employees may be reimbursed for the use of their personal passenger vehicle while on approved system business is **\$0.575** per mile (as of January 1, 2020). Please list total mileage traveled (round trip, one-way etc.)
7. **Plane/Bus/Rail**, list the amount you spent and copy of receipt that shows you paid.
8. **Rental Car & Fuel**. Please provide receipt that shows how much you paid. Rental Car policies can be found here: <https://www.obfs.uillinois.edu/travel/car-rental/>
9. **Parking and/or Tolls**. Please list all separately the parking and/or tolls you incurred on your travel.
10. **Taxi**. Please list per day the amount you spent on a Taxi, attach receipts. Please make sure to attach full receipt for UBER and Lyft. https://apps.obfs.uillinois.edu/news/dsp_News.cfm?FY=2017&A=55674145-00B2-4A4C-9508-64E7D3858E62
11. **Lodging**. Please attach the itemized bill that shows the breakdown of your room rate and taxes per day. If Lodging was a Conference Hotel, please provide proof that venue was a conference hotel and attach to this form.
12. **Other/Misc/Notes**: Please include items that do not fit into one of the other categories.

For any expense, if it only says the amount you paid and not that it was paid, or you are missing a receipt, please provide a copy of your bank statement or credit card statement.

TBH-Business Service Center

611 E. Lorado Taft Drive | 105 Temple Buell Hall; MC-614
Champaign, IL 61820 | <https://faa.uillinois.edu/tbhpsc>

Travel Reimbursement Form

Full Name: _____ UIUC Email: _____

Date of Departure: _____ Time of Departure: _____

Date of Return: _____ Time of Return: _____

UIUC Status, check one: Employee Student Student Employee

CFOPAL to use:

Chart 1	Fund	Organization	Program
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Purpose: Please provide a detailed reason for expense and benefit to the University, please supply Who, What, When, Where, & Why.

REIMBURSEMENTS SUBMITTED TO UNIVERSITY PAYABLES AFTER 60 DAYS MAY BE TAXABLE. PLEASE SUBMIT THIS FORM TO THE SESE BUSINESS AFFAIRS OFFICE WITHIN TWO WEEKS OF COMPLETED TRAVEL.

Expenses

Date(s);	Description of Expense (List receipts individually)	Amount
Total		\$
(Attach additional sheets as needed)		

Are you requesting Per Diem? Yes _____ No _____

If yes, please indicate which meals were PROVIDED by the conference, host or hotel.

	Sun	Mon	Tues.	Wed	Thurs.	Fri	Sat
Breakfast							
Lunch							
Dinner							

Notes:
