FY11 UNIVERSITY OF ILLINOIS TRAVEL / EXPENSE REIMBURSEMENT FORM (use for expenses incurred after 7/1/10)

Name:	Dept. Name & M/C: Chemical Engineering-MC 110	Dept. Contact: Bill Schmilke	UPAY Use Only
Banner Vendor Number:	Employee	Phone: 312-996-9431	Banner Document #
Address:	Student/Employee — Choose the appropriate status from the selections to the left	Transportation purchased with P-Card:	Address Sequence:
	Student	Amount:	Address Code:
	Is lodging conference hotel?	P-Card Transaction # :	Check Print Location:
	Headquarters	Advance Amount:	Form Revised 7/1/10

Date	Departed From/ Arrived At	Time	# of Auto Miles @ $0.500	Auto Reimburse-ment	Transportation: Air, Rail, Etc.	Transportation: Car Rental	Transportation: Taxi, Parking Tolls, Etc.	Lodging	Meals or Per Diem	Misc. Expense	Daily Totals
				Auto Calculate	Amount in U.S. $	Amount in U.S. $	Amount in U.S. $	Amount in U.S. $	Amount in U.S. $	Amount in U.S. $	Auto Calculate
				$ -						Desc:	$ -
				$ -						Desc:	$ -
				$ -						Desc:	$ -
				$ -						Desc:	$ -
				$ -						Desc:	$ -
				$ -						Desc:	$ -
				$ -						Desc:	$ -
	Total Travel Expense:			$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

Destination and Purpose of Trip:

Total Miscellaneous Expenses	$ -
TOTAL TRAVEL & MISC. EXPENSE	$ -
Less Travel Advance Doc. #	$ -
Total Due To/(Owed by) Employee	$ -

Employee Miscellaneous Expense Reimbursement

Date	Description	Amount
	TOTAL	$ -

FOAPAL (* = Required Fields; For Travel Advance, complete Chart code on last line)

Chart*	Index	Fund*	Orgn*	Acct*	Program*	Activity	Location	Amount
FOP TITLE: 2			709000					
FOP TITLE:								
FOP TITLE:								
FOP TITLE:		200450		53080				$ -

Travel Advance (*Complete Chart Code below)

Instructions:
1. Attach original paid receipts for all hotels, registrations, and miscellaneous items.
2. Attach customer copy of all air, rail, or bus tickets.
3. See OBFS Web site for detailed instructions.

CERTIFICATION: I certify that I have not, or will not, receive remuneration from any source for the expenses claimed. I have not claimed meal per diem for any meals(s) that were provided to me at no additional cost. If a business meal(s) was paid for via P-Card during this trip, that meal(s) was deducted from the per diem claimed.

TRAVEL CERTIFICATION: I certify that, in accordance with Section 12 of "An Act in Relation to State Finance", the above amount is correct and just; that the detailed items charged for subsistence were actually paid; that the expenses were occasioned by official business or unavoidable delays requiring the stay at hotels for the time specified; that the journey was performed with all practicable dispatch by the shortest route usually traveled in the customary reasonable manner; and that I have not been furnished with transportation or money in lieu thereof for any part of the journey therein charged for. If I have used my private vehicle, or private aircraft, I also certify that I was duly licensed and carried at least the minimum insurance coverage required by statutes and University Travel Regulations. "I certify that the purpose of this travel was initially approved by the appropriate authority."

Note: Reimbursements must be claimed within 60 days of completion of travel or a purchase; otherwise, the reimbursement is considered taxable income.

Employee Signature:	**Date:**	**University of Illinois**
We, the Undersigned, Hereby Certify that the Above Bill is Correct and Payable from the Appropriation Shown.		**Urbana/Champaign, Chicago, Springfield**
Approved (Dean, Director, Dept. Head):	**Date:**	**OBFS Approval:**