

EMPLOYEE REIMBURSEMENT REQUEST

NAME: _____

EMAIL ADDRESS: _____

***** **NON-TRAVEL REIMBURSEMENT** *****

EXPENSE DETAIL (for meals, we must know the *names and affiliations* of everyone being covered)

ACCOUNT TO CHARGE: _____

***** **TRAVEL REIMBURSEMENT** *****

Departure, if not from Champaign-Urbana (City, State or City, Country) : _____

Destination (City, State or Country) : _____

Reason for Travel: (eg: attend conference; research and give details)

Travel Expense details: _____

Would you like AUTO MILEAGE? YES NO

Did you receive a Travel Advance? YES NO

Did MATH purchase the AIR TICKET? YES NO

Would you like PER DIEM? YES NO

DATE TRIP BEGAN: _____ Time: _____

DATE TRIP ENDED: _____ Time: _____

For International travel: Date and Time for each relocation within your trip is needed, especially if you are crossing Countries. This is needed for per diem calculations. Please include all travel itineraries.

ACCOUNT TO CHARGE: _____
