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: ____________________________________________