

Travel Reimbursement Information

Return this form along with original, itemized receipts, to the

**University of Illinois at Urbana-Champaign, Newmark Civil & Environmental Laboratory (NCEL), MC-250;
Room B106a, 205 North Mathews Ave., Urbana, IL 61801**

Name:	
Mailing Address:	
Email:	

Project Account Number to Charge:	C	F	O	P	A
	1				

Destination:	
Benefit of Travel to the Project:	

Departure Date:	
Departure Time:	
Departure Location:	

Return Date:	
Return Time:	
Return Location:	

Transportation	
Plane/Bus/Rail:	
Personal Car (Total Miles _____):	
Rental Car:	
University Vehicle:	
Not Claiming Transportation (or was paid on T-Card):	

Lodging	
Was it at a conference location?	
Was it the required location for the conduct of business?	
Not claiming lodging (or was paid on T-Card):	

Per Diem	
*For overnight travel only	
Beginning Date:	
Beginning Time:	
Ending Date:	
Ending Time:	
In State, Out of State, or International?	

Other Expenses		
Expense	Date(s)	Amount
Baggage Fee:		
Parking:		
Tolls:		
Tips:		
Miscellaneous:		

Meal Reimbursement		
Were any of the meals paid for by another source (included with conference, paid by host, etc.)?	Yes / No	Date(s)
If so, which meals?	Breakfast	
	Lunch	
	Dinner	