UNIVERSITY OF ILLINOIS URBANA-CHAMPAIGN

College of Liberal Arts & Sciences
Department of Psychology
308 Psychology Building, MC-716
603 E. Daniel St.
Champaign, IL 61820-6232

Psychology Travel Reimbursement Request Form

Please submit this form and receipts to psych-travel@mx.uillinois.edu

Requester Name: _____ NetID: _____

Do you have an Emburse account? Not Sure
Used for reimbursements and program advances

Business Purpose:

Who: _____

What: _____
Conference Name (please type out full name)

Where: _____
City, State

When: _____
Dates of Conference/Workshop

Why: _____
Purpose of trip - how did the expense support the mission of the University - e.g. presenting research, learning new research techniques, finding collaborators

Transportation

Airfare: _____ Bus: _____

Train: _____ Taxi: _____

Registration and Membership

Registration: _____ Membership: _____

Lodging

Hotel: _____ Is this a conference hotel?* _____

Folio must be itemized and show nightly rate and payment method
**Please include screenshot showing it is a conference hotel*

Per Diem

Receipts for individual meals are not needed unless it was a group meal specifically related to University business - these meals will be removed from per diem

Start Date:		Start Time:			
End Date:		End Time:			

Provided Meals:

e.g. 5/10 - breakfast/dinner; 5/12 - breakfast

Misc Expenses

Expense:		Cost:	
Expense:		Cost:	
Expense:		Cost:	
Expense:		Cost:	
Expense:		Cost:	
Expense:		Cost:	

All receipts should be itemized and show the payment method (e.g. Visa XXXX)

Payment

CFOP for Payment:

Notes: