

GRADUATE RECRUITMENT TRAVEL REIMBURSEMENT FORM

Please return completed form and supporting materials (itemized receipts, emails regarding funding amount, etc.) to:

Brenda Reinhold
Department of Psychology
University of Illinois at Urbana-Champaign
603 E. Daniel St.
327 Psychology, MC-716
Champaign, IL 61820
psych-travel@mx.uillinois.edu

Applicant's Name and Email: _____

Program Area Affiliation: _____

Reimbursement sent to this address*: _____

Travel Dates: _____

*Forms must be submitted no later than April 1, 2025.

*Forms submitted after April 1, 2025 WILL NOT BE PROCESSED.

*It is important that your name and address be legible. PLEASE PRINT CLEARLY

FOR DEPARTMENT USE ONLY

TOTAL Travel Cost: US\$ _____

Amount of Reimbursement from Department/Division: \$ _____

Comments/Instructions: _____

DGS Approval: _____ Date: _____

Department/Division CFOP: _____