

# School of Music

## Travel Reimbursement / T-Card Charge

Submit receipts to the business office within 2 business days of return from travel.  
 Reimbursements are processed in the order received. Allow 4 weeks for payment from when the ER is submitted in TEM.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_@illinois.edu PHONE: \_\_\_\_\_

**FUNDING**

UIN: \_\_\_\_\_ SOURCE: \_\_\_\_\_

**BUSINESS**

PURPOSE: \_\_\_\_\_

- To be purchased by the Business Office    
  To be reimbursed    
  Purchased on T-Card

DESTINATION: \_\_\_\_\_

DEPARTURE DATE: \_\_\_\_\_

RETURN DATE: \_\_\_\_\_

DEPARTURE TIME: \_\_\_\_\_

RETURN TIME: \_\_\_\_\_

**Per Diem Requested?**

Yes      No

**MEALS PROVIDED BY 3rd PARTY:** *Indicate the dates and meal types provided.*

*Per diem total will be reduced by deductions for the meals provided.*

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Breakfast _____   | <input type="checkbox"/> Breakfast _____   | <input type="checkbox"/> Breakfast _____   |
| <input type="checkbox"/> Lunch _____   | <input type="checkbox"/> Lunch _____   | <input type="checkbox"/> Lunch _____   |
| <input type="checkbox"/> Dinner _____  | <input type="checkbox"/> Dinner _____  | <input type="checkbox"/> Dinner _____  |
| <input type="checkbox"/> Reception _____<br><span style="display: block; text-align: center;"><i>date</i></span> | <input type="checkbox"/> Reception _____<br><span style="display: block; text-align: center;"><i>date</i></span> | <input type="checkbox"/> Reception _____<br><span style="display: block; text-align: center;"><i>date</i></span> |

DATE	TYPE	DESCRIPTION	AMOUNT
	Automobile Travel	<i>(personal, rental, chartered)</i>	
	Ticketed Travel	<i>(train, airplane, bus)</i>	
	Fees	<i>(conference, registration, competition)</i>	
	Lodging	<i>(hotel, hostel, dorm)</i>	

**TOTAL** \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date