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 SOURCE: ____________________
UIN: ____________________________ 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: ___________

MEALS PROVIDED BY 3rd PARTY: Indicate the dates and meal types provided. Per diem total will be reduced by deductions for the meals provided.

☐ Breakfast ___________ ☐ Breakfast ___________ ☐ Breakfast ___________
☐ Lunch ___________ ☐ Lunch ___________ ☐ Lunch ___________
☐ Dinner ___________ ☐ Dinner ___________ ☐ Dinner ___________
☐ Reception ___________ ☐ Reception ___________ ☐ Reception ___________

date date date

<table>
<thead>
<tr>
<th>DATE</th>
<th>TYPE</th>
<th>DESCRIPTION</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>(personal, rental, chartered)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ticketed Travel</td>
<td>(train, airplane, bus)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fees</td>
<td>(conference, registration, competition)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lodging</td>
<td>(hotel, hostel, dorm)</td>
<td></td>
</tr>
</tbody>
</table>

TOTAL

_____________________________________________ _______________________
Signature Date

updated May 2016