

# 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.*

☐ Breakfast \_\_\_\_\_

☐ Breakfast \_\_\_\_\_

☐ Breakfast \_\_\_\_\_

☐ Lunch \_\_\_\_\_

☐ Lunch \_\_\_\_\_

☐ Lunch \_\_\_\_\_

☐ Dinner \_\_\_\_\_

☐ Dinner \_\_\_\_\_

☐ Dinner \_\_\_\_\_

☐ Reception \_\_\_\_\_

☐ Reception \_\_\_\_\_

☐ Reception \_\_\_\_\_

*date*

*date*

*date*

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

updated May 2016