

Your Name

**Department of Kinesiology and Community Health  
Travel Reimbursement Request**

In order to avoid any delays in the processing of travel reimbursements, please complete the information below as well as submitting receipts for those items listed below as required. All original receipts should be taped to a plain white sheet of paper (multiple receipts may be placed on the same page as long as they are legible).

<b>All reimbursements need the following information:</b>	<b>Responses</b>
Travel Destination	
Departure Date from Champaign	
Departure Time from Champaign	
Return Date from Destination	
Time arrived in Champaign	
Purpose of Travel (i.e., attended Am. College of Spts Med Annual Meeting)	
<b>If reimbursement is being requested for items below, Please supply the appropriate information. Please note: Additional forms may be required as noted.</b>	<b>Amount being requested</b>
<b>Mileage</b> – please provide round trip mileage	
<b>Lodging</b> – Did you stay in the conference hotel? If yes, provide Page from conference brochure or internet page for conference Showing conference hotel. If no, please complete travel Exception Form and attach to this form. Provide hotel receipt showing a \$0.00 balance and a partial credit card number along with your name. If multiple people paid for the room – if your name is not included next to the credit card number on the receipt, you will need to include a copy of your credit card statement and the receipt from the hotel.	
<b>Air Fare</b> – was your air fare prepaid by the department? If so, On what account. Please include a copy of your itinerary and the boarding passes.	
<b>Air Fare</b> - If not, please submit original purchase receipt that includes a partial credit card number or the itinerary and a copy of your credit card bill and the boarding pass/ticket.	
<b>Rental Car</b> – Please complete the travel exception form and Include your receipt.	
<b>Miscellaneous Expenses</b> – (i.e. registration fees, taxis, etc.) – Please place each item on separate line with the amount and what it is for. Tape receipts to plain white paper.	
Are you requesting per diem? If so, for how many days? Please indicate which days you wish to claim per diem.	
<b>Source of Funds</b> – reimbursement is being requested from (i.e., Scholars Travel, AHS Travel, Grant, Department)	