

ATHLETICS TRAVEL REIMBURSEMENT FORM

Travel #

Traveler's Name: _____ E#: _____

Organization Number: _____ Recruiting Team Travel Other _____

Destination: _____ Number of Travelers: _____

Departure: Date/Time _____ Return: Date/Time _____

Type of Transportation: Courtesy Car Personal Car Rental Car Fleet Bus

Date						
Breakfast/ # of people						\$
Lunch / # of people						\$
Dinner / # of people						\$
Lodging <input type="checkbox"/> Conference <input type="checkbox"/> Non-Conference						\$
Gasoline						\$
Mileage (Personal Car Only)						\$
Airline						\$
Rental Car						\$
Parking/Tolls						\$
Other Expenses (Specify)						\$
TOTAL EXPENSES						\$
Less Amount Paid on P-Card (Copies Attached) / Charges Not Claiming						\$
Less Amount of Cash Advance(if applicable)						\$
TOTAL REIMBURSABLE OR DEPOSITED						\$ _____

PRE-APPROVAL

If driving a vehicle, Traveler certifies they are duly licensed and have in force at least the minimum liability insurance coverage required by the Illinois Vehicle Code (625 ILCS 5/10-101-(b)).

Traveler's Signature

Date

This certifies that the travel shown was required by official duties.

Amount Pre-Approved: \$ _____

Account Manager/Supervisor

Date

I certify that pursuant to the State Finance Act (30 ILCS 105/12), the amounts are correct and just; that the detailed items charged within are taken and verified from memorandum kept by me; that the amounts charged for subsistence were actually paid, and the expenses were occasioned by official business or unavoidable delays, requiring my stay at hotels for the time specified; that I performed the journey with all practicable dispatch, by the shortest route usually traveled, in the customary reasonable manner, and that I have not been furnished with transportation or money in lieu thereof for any part.

Traveler's Signature

Date

Account Manager/Supervisor (if required)

Date

Disbursement's Use Only:

E _____ \$ _____
_____ \$ _____