ATHLETICS
TRAVEL REIMBURSEMENT FORM

Travel # 54851

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 ☐ **Conference** ☐ **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_____ _____ **$**_____

_____ **$**_____