

Champaign County Travel / Business Expense Reimbursement Form

Employee Name:
Period Beginning/Ending:

Department:
Reason for Travel:

TRAVEL EXPENSES:

Date	Departed From/Arrived At	Time Leaving or Arriving at Home Base *	Air, Bus, Taxi, Train, etc	Parking, Tolls, etc.	Misc. (tips, etc.)	Lodging	Breakfast	Lunch	Dinner	Incidental	Daily Total
Total Travel Expenses:											
Total Travel Expenses:											

BUSINESS EXPENSES:

Date	Description of Business Expense	Amount
Total Business Expenses		
Total Mileage, Travel and Business Expenses		
Less Travel Advance (enter negative)		
Total Due To (Owed By) Employee		

I hereby certify that the expenses submitted are in compliance with the Champaign County Travel and Purchasing Policies.

Employee Signature/Date: _____

Supervisor Signature/Date: _____

Notes:

* This time is necessary to determine per diem allowances per IRS guidelines

Please attach original detailed, paid receipts for hotels, registrations, travel , business and travel expenses. If a receipt is not available please fill out and attach a lost/unavailable receipt form.

If travel is for a conference a conference schedule must be provided.