

University of Illinois Department of English -- Business Office  
**Statement of Travel Expenses and Other Reimbursements for Visitors**

Name: \_\_\_\_\_ Are You a Foreign National? YES  NO

Number and Street Address (where check is to be sent): \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Contact Information -- phone or e-mail (in case of questions): \_\_\_\_\_

EXPENSES (include only those items paid for by the visitor)

Date	Destination		Auto Mileage	Airfare and/or Public Transportation	Meals	Lodging	Other Expenses	
	From	To					Item	Amount

Traveler's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR ALL ITEMS OVER \$10, PLEASE ATTACH ORIGINAL RECEIPTS.**  
 Please return this form to your contact person at the Department of English at the following address:  
 Department of English • University of Illinois at Urbana-Champaign • 708 S Wright Street, MC 718 • Urbana, IL 61801

**FOR DEPARTMENT USE ONLY**

English staff: please complete the following information before submitting form to Business Office:  
 Submitted by: \_\_\_\_\_  
 University business reason (or event) for which the reimbursement is being provided: \_\_\_\_\_

AMOUNT (if specified)	FUND	ORG	PROGRAM	Description of funds if account no. not known