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# MATERIALS COMPUTATION CENTER

## Travel Reimbursement Form

Return this form along with your original receipts to Susan Logan, University of Illinois, Materials Research Laboratory, 104 South Goodwin Avenue, Urbana, Illinois, 61801. Remember to include a copy of your I-94 and your visa, if applicable.

If you have any questions regarding travel reimbursement or the completion of this form, please contact: Susan Logan, (217) 244-2944, [sklogan@uiuc.edu](mailto:sklogan@uiuc.edu), or Bill Testory, (217) 244-2943, [wtestory@uiuc.edu](mailto:wtestory@uiuc.edu)

*Please print clearly.*

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**Name:** \_\_\_\_\_

**Mail Check To:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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### INFORMATION REQUIRED FOR PROCESSING PAYMENT

**Destination (City, Country):** \_\_\_\_\_

**Workshop Attended:** \_\_\_\_\_

**Date Departed:** \_\_\_\_\_ **Date Returned:** \_\_\_\_\_

**Your visa type:** \_\_\_\_\_

*(When giving visa information, please attach copy of visa, I-94, and passport photo/ID page with passport number.)*

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### EXPENSES

**Airline Ticket(s): (Must be US Air Carrier)** \$ \_\_\_\_\_

**Lodging: \_\_\_\_\_ nights @ \$ \_\_\_\_\_** \$ \_\_\_\_\_

**Meal/Food expenses:** \$ *(Completed by Travel Officer)*

**Personal car: \_\_\_\_\_ miles @ 48.5 cents per mile** \$ \_\_\_\_\_

**Rental car fee :** \$ \_\_\_\_\_

**Gasoline/Fuel:** \$ \_\_\_\_\_

**Parking:** \$ \_\_\_\_\_

**Other expenses (train, registration fee):** \$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**TOTAL EXPENSES** \$ \_\_\_\_\_

\_\_\_\_\_  
**Signature of Traveler (Person requesting reimbursement)**

\_\_\_\_\_  
**Date**

*Approved by:* \_\_\_\_\_  
**Signature of PI at MCC-UIUC**

\_\_\_\_\_  
**Date**