

# SOUTHERN ILLINOIS UNIVERSITY CARBONDALE

## Expense Certification Form - Employee Travel

Employee Name: \_\_\_\_\_ AIS Employee Number: \_\_\_\_\_

Department: \_\_\_\_\_ Dates of Travel: \_\_\_\_\_ Destination: \_\_\_\_\_

Reimbursements are limited to those described in the Travel Guidelines, unless an exception is requested by the department and approved by the State of Illinois Travel Control Board.

A. Unavailable Receipt - List each reimbursable item claimed including the date, description, amount and reason for the lack of a receipt.

1. Date: \_\_\_\_\_ Description: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Reason:

2. Date: \_\_\_\_\_ Description: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Reason:

3. Date: \_\_\_\_\_ Description: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Reason:

B. Excess Cost - Conference Lodging:

- 1. Lodging was at the conference site.
- 2. Lodging was at a conference recommended hotel.
- 3. Lodging was the least costly available in the area of the conference.

C. Excess Costs - Non-Conference Lodging:

- 1. Least costly room available within the geographic area to accomplish the purpose of the travel.
- 2. Other reasons - explain fully:

D. Excess Transportation Costs - Travel Regulations Section 3000.300a requires employees to use the least costly mode of transportation available. Section 3000.610b requires employees who chose to drive a personal vehicle when commercial transportation was available at a lower cost to be reimbursed the lower amount. Justification must include all costs involved such as any extra days lodging and per diem as well as travel expenses. Please use the Comparison Worksheet to provide a detailed justification.

I certify that the travel expenses incurred for this trip have not and will not be paid by any other source.

Claimant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fiscal Officer Approval: \_\_\_\_\_ Date: \_\_\_\_\_