

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:

4. Date: _____ Description: _____ Amount Paid: _____

Reason:

5. Date: _____ Description: _____ Amount Paid: _____

Reason:

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: _____

Administrative Head's Signature: _____ Date: _____

(Administrative Head's Signature is required if the Employee is the Fiscal Officer.)