

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 choose 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 on the next page 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: _____

Approval of Fiscal Officer: _____ Date: _____

COMPARISON WORKSHEET

ACTUAL EXPENSES INCURRED

Mileage	\$ _____
Airfare	\$ _____
Lodging	\$ _____
Per Diem	\$ _____
Other (<i>provide list</i>)	\$ _____
Total	\$ _____

ESTIMATED EXPENSES IF COMMERCIAL TRANSPORTATION WAS USED FOR BUSINESS TRAVEL ONLY

Mileage	\$ _____
Air or Train Fare (<i>attach quotation</i>)	\$ _____
Lodging	\$ _____
Per Diem	\$ _____
Taxi or Shuttle (<i>estimated</i>)	\$ _____
Rental Car	\$ _____
Other (<i>provide list</i>)	\$ _____
Total	\$ _____

Difference between actual and estimated expenses \$ _____