Office of Student Research

Pinion Travel Grant

Estimated Expenses/Travel Voucher Form

# Instructions: Students will use this form at the time of application to list their estimated expenses for a Pinion grant AND when they return from travel to list their actual travel expenditures.

1. **Prior to travel, and as part of your application to the Pinion Grant,** please fill out this form with as much information as possible regarding your anticipated expenses and other sources of (potential) funding. Submit this form and proof of acceptance with your [application on InfoReady](https://ilstu.infoready4.com/#applicationGrid/1907435). For information on allowable expenses, visit: <https://travel.illinoisstate.edu/reimbursements/>
2. **Upon return from your event**:
	1. Update this form with actual expenses.
	2. Attach receipts and per diem calculator.
	3. Sign the form (below)
	4. **EMAIL a pdf of the updated and signed form and any required receipts to Matt Upholz,** **msuphol@ilstu.edu****.** For timely reimbursement, please submit your materials within two weeks after your event.

# Student Information

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School/Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ULID/Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@ilstu.edu

University I.D. #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Mentor/Sponsor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Event Information

Name of Conference or Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Travel Expenses: Use this table to enter parking, hotel, or other expenses.

|  |  |  |
| --- | --- | --- |
| **Item** | **Cost** | **Explanation or Justification** |
| Registration |  |  |
| Flight/Transportation |  |  |
| Hotel |  |  |
| Per Diem/Meals\* |  |  |
| Other (explain): |  |  |
|  |  |  |
| **TOTAL Expenses** | **$** |  |

Please submit receipts for all expenses except meal per diems.

\*Meals will be reimbursed on a per diem basis up to $9.50 for breakfast, $13.50 for lunch, and $25.00 for dinner for meals not provided by conference or workshop. (In-state per diem is $8.50, $12.50 and $23.00)

Click the link to use the [per diem calculator](https://travel-v3.webdev.illinoisstate.edu/reimbursements/perdiem/perdiemreimbursementcalculator.html). You may print it and attach it in lieu of listing meals. When filling out the per diem calculator, it will ask you to CHECK ALL MEALS THAT WERE PROVIDED. That means the meals provided by the conference or the hotel breakfast.

Note: Additional **reimbursement information can be found** [here](https://travel.illinoisstate.edu/reimbursements/).

**If Transportation includes mileage**, we will need the following information – mileage will be reimbursed up to $.655/mile. You do not need to submit gas receipts if you’re claiming mileage.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Departure Location** | **Departure****Time** | **Arrival Location** | **Arrival Time** | **Miles Traveled** | **Cents per Mile** | **Total Mileage****Reimbursement** |
|  |  |  |  |  |  | 65.5 |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

# REQUESTED FUNDING

Be sure to ask your school/department and college about possible travel funding and, if applicable, apply for a University Research Symposium Grant. List these requests below.

|  |  |  |
| --- | --- | --- |
| **Unit** | Amount Requested | Amount Received |
| School/Department |  |  |
| College |  |  |
| University Symposium Grant |  |  |
| Other (e.g. Professional Assn) |  |  |
| Office of Student Research (max $300) |  |  |

# STUDENT SIGNATURE (only required **after** travel)

Please **print and sign** the completed form below. **NOTE: Typing your name will not suffice as a signature.**

**OR**

Use an Adobe digital signature which must include a date and time stamp. See the instructions below.

<https://helpx.adobe.com/sign/using/digital-signatures.html>

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*For office use only:*

*Account # 10400-02-304100002-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Voucher #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Amount approved $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*