

LLS Faculty Request OM Paying Memberships, Registration and Pre-Travel Expenses Form

Please complete all sections of this form and attach itineraries, conference announcements and original itemized receipts.

Name:			
FUND:		CFOP:	

TRAVEL

Detailed Description of the trip, including the when, what, who, where, and why?	STF #

How does this trip benefit the University of Illinois?

Destination(s)	Dates of Travel To/From CU	Time
	Departure	
	Return	

Will airfare be paid by university credit card (T-Card)? Yes No If **YES**, provide OM LINK

Will lodging be paid by university credit card (T-Card)? Yes No If **YES**, provide OM LINK

Will registration be paid by university credit card (P-Card)? Yes No If **YES**, provide OM LINK.

Was lodging shared with another UIUC traveler? If **yes**, who was the person(s)?

Did you stay at a conference hotel? Yes No

By signing this form I acknowledge that I have provided OM with the complete information to process the requirements of the pre-travel arrangements.

BANNER ACCOUNT(S)/ACCOUNT TITLE(S)	Amount	Signature and Date Requested	
		Employee Signature	

LLS-9/11/23 STF: Scholar Travel Fund <https://crb.research.illinois.edu/programs/scholars-travel-fund>
OM: Office Manager