Western Illinois University GRADUATE & STUDENT TRAVEL AGREEMENT Contractual Payment

The Board of Trustees of Western Illinois University (hereinafter referred to as University), and			
(NAM	ME AND ADDRESS OF STUDENT)		
	einafter referred to as Contractor), agrees that contractor below:	actor will travel at the University's request	
1.	PURPOSE OF TRAVEL (insert purpose and	location site of travel)	
2.	TERM (insert dates)		
3.	PAYMENT (Based upon attached worksheet) The University agrees to pay the Contractor \$ for all travel expenses for the above described trip. Contractor's Social Security Number is # (MUST BE PROVIDED)		
emp		cted of bribery or attempting to bribe an office or ractor made an admission of guilt of such conduct	
This	s contract shall be governed in all respects by t	the laws of the State of Illinois.	
The	total amount of this agreement should not exc	eed the normal University travel allowances.	
	E BOARD OF TRUSTEES WESTERN ILLINOIS UNIVERSITY	CONTRACTOR	
BY_	(FISCAL AGENT)	BY	
DA	TE	DATE	
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This agreement must be in the Business Office TEN DAYS prior to the date of travel. Maximum amount is \$210.00. If Payment is to exceed this amount, please contact the Business Office at 298-1811.

NAME(S):	
Destination	
Departure Date:	Return Date:
Departure Time:	Return Time:
Transportation:	
(train, bus, personal car, state car, plane)	
Official Round Trip Mileage	
Other Mileage	
Total Mileage	Mileage \$
	Mileage \$ Tickets \$
	Total Transportation\$
	•
Living Expense:	
*Per Diem Number of Quarter Days@	(rate per quarter day) = \$
Lodging Expense	
Nights @ per night =	\$
1	
Other Expenses:	
Must Specify:	\$
	TOTAL EXPENSES\$

^{*}If a registration is involved, attach a copy of the registration and deduct for meals paid on registration.