

JOURNALISM UNIT/THE MEDIA SCHOOL

IN-STATE TRAVEL REIMBURSEMENT

NAME: _____ **DATE:** _____

IU EMAIL: _____ **PHONE:** _____

PURPOSE OF THE TRIP: _____

STUDENTS: ___ Graduate ___ Undergraduate

MEANS OF TRAVEL: ___ PERSONAL CAR ___ ENTERPRISE CAMPUS RENTAL ___ MOTOR POOL RENTAL

___ OTHER - _____

DEPARTURE LOCATION: _____ **DESTINATION LOCATION:** _____

Note: Mileage is based on MapQuest unless you have odometer readings.

ADDRESS: _____ **ADDRESS:** _____

BEGINNING DATE: _____ **ENDING DATE:** _____

BEGINNING TIME: _____ **AM** or **PM** **ENDING TIME:** _____ **AM** or **PM**

Was personal time involved? **NO** ___ **YES** ___ If yes, provide dates/times of personal time: _____

Are you claiming per diem? **YES** ___ **NO** ___

Note: Per diem can only be claimed if the trip is overnight.

Meal DEDUCTIONS: Deduct the following NUMBER of meals from per diem because they were included in registration or provided by another source. Also list the date(s) the meal(s) were provided.

___ **Breakfast(s)** **Date(s) provided:** _____

___ **Lunch(es)** **Date(s) provided:** _____

___ **Dinner(s)** **Date(s) provided:** _____

EXPENSES: Please list amounts on the attached envelope. Place ALL original receipts inside the attached envelope. Please write any exception to policy issues on the envelope in the appropriate space. Please sign and date this sheet and the envelope, then return this form and the envelope to your travel arranger.

Traveler's signature: _____ **Date:** _____

ARRANGER RECEIVED DATE: _____ **ARRANGER PROCESSING DATE:** _____

ACCOUNT NUMBER: _____ **SUB ACCT** _____ **DOC ID:** _____ **TRIP ID:** _____

ARRANGER'S SIGNATURE: _____ **DATE:** _____

FISCAL OFFICER: _____ **DATE:** _____