JOURNALISM UNIT/THE MEDIA SCHOOL
OUT-OF-STATE TRAVEL REIMBURSEMENT

NAME: _______________________________________________ DATE: ________________

IU EMAIL: __________________________________________ PHONE: ________________

PURPOSE OF THE TRIP: __________________________________________________________

____________________________________________________________________________

MEANS OF TRAVEL: _____ PERSONAL CAR  _____ ENTERPRISE CAMPUS RENTAL  _____ MOTOR POOL RENTAL
       _____ AIR  _____ OTHER - ________________________________

DEPARTURE LOCATION: __________________________       DESTINATION LOCATION: ______________________________

BEGINNING DATE: ___________________________ ENDING DATE: ___________________________

Airport mileage requested? YES _____ NO ______ If yes, one-way ___ round-trip___ or two round-trips___
*Note: Mileage is based on MapQuest, unless you have odometer readings.

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____

Meal DEDUCTIONS: Deduct the following NUMBER of meals from per diem because they were included in registration or provided by another source. Please 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: ______________________