

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:** _____