

# Journalism Visiting Professional Reimbursement Request Form

**NON-EMPLOYEE REIMBURSEMENT FOR TRAVEL EXPENSES** Receipts due 30 days after the event

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

RESIDENT STATUS: \_\_\_\_\_ Non-Resident Alien No  Yes

Purpose of Trip: \_\_\_\_\_

## TRAVEL REIMBURSEMENT

TRAVEL DATES From \_\_\_\_\_ To \_\_\_\_\_  
Time \_\_\_\_\_ AM PM Time \_\_\_\_\_ AM PM

Personal Vehicle	City	State
From		
To		
Lodging (hotel)	From (date)	To (date)
Air Fare \$	Taxi \$	
Limousine \$	Parking \$	
Car Rental \$	Other (specify) \$	

**TOTAL TRAVEL EXPENSES**

**\$** \_\_\_\_\_

**ORIGINAL RECEIPTS MUST BE SUBMITTED IN ORDER TO BE REIMBURSED.**

Send receipts & signed form to: **Business Office, Media School, 601 E. Kirkwood, 330, Bloomington, IN 47405**

I HEREBY CERTIFY THAT THE INFORMATION RELATING TO THIS PAYMENT FOR EXPENSES IS JUST AND CORRECT. I CERTIFY THAT ALL CHARGES AND/OR REIMBURSEMENTS PERTAIN TO INDIANA UNIVERSITY BUSINESS, THAT THE AMOUNT IS LEGALLY DUE AFTER ALLOWING FOR JUST CREDITS AND THAT NO PART OF THE SAME HAS PREVIOUSLY BEEN PAID OR WILL BE PAID BY ANOTHER SOURCE.

**SIGNATURE (REQUIRED FOR REIMBURSEMENT OF TRAVEL EXPENSES)**

**Date**