INDIANA UNIVERSITY

IN-STATE TRAVEL REIMBURSEMENT

NAME: _____

DEPT.: _____ DEPT.CODE: _____

ADDRESS: _____

CAMPUS: _____ PURPOSE: _____

INSTRUCTIONS:

1) APPLICANT: PHOTOCOPY THIS FORM. COMPLETE MILEAGE, TRIP DATES, TIMES, AND ATTACH RECEIPTS TO COPY. SIGN AND FORWARD TO FISCAL OFFICER *FOR APPROVAL.*
2) FISCAL OFFICER *: APPROVE ACCOUNT NUMBER, SIGN, AND FORWARD COPY WITH RECEIPTS TO TRAVEL MANAGEMENT SERVICES, POPLARS 120, BL.*

CHECK OR FILL IN TRIP ITINERARY

MEANS OF TRAVEL

		FROM		TO		MILEAGE RECORD _____
PERSONAL AUTO	( )	BLOOMINGTON	( )	INDIANAPOLIS	( )	*(Total Mileage)*
IU CAR	( )	INDIANAPOLIS	( )	BLOOMINGTON	( )	
OTHER _____		_____		_____		CHECK IF
		_____		_____		ROUND TRIP ( )

PLEASE INDICATE DATES OF TRAVEL. IF YOU ARE CLAIMING PER DIEM FILL IN TIMES ALSO.

BEGINNING DATE/TIME: ENDING DATE/TIME:

____ / ____ / ____ ____ : ____ ( ) ( ) AM PM ____ / ____ / ____ ____ : ____ ( ) ( ) AM PM

WAS PERSONAL TIME INVOLVED? YES ( ) NO ( ) IF YES, PROVIDE DATES OF PERSONAL TIME _____

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

____BREAKFAST(S) ____ LUNCH(ES) ____DINNER(S)

*****For each day of per diem claimed a lodging receipt, with matching date, must be submitted unless the traveler was en route.**

LIST APPROPRIATE AMOUNTS AND ATTACH **ORIGINAL RECEIPTS**

		AMOUNT
***LODGING:	( )	
RENTAL CAR:	( )	
REGISTRATION:	( )	
OTHER EXPENSES:	_____	

SIGNATURES AND CERTIFICATION

I HEREBY CERTIFY THAT THE INFORMATION STATED ABOVE IS JUST AND CORRECT. THAT ALL TRANSPORTATION EXPENSES AND PER DIEM PERIODS PERTAIN TO UNIVERSITY BUSINESS; THAT PERSONAL BUSINESS TRAVEL IS SO INDICATED; THAT THE AMOUNT IS LEGALLY DUE AFTER ALLOWING ALL JUST CREDITS; AND THAT NO PART OF THE SAME HAS BEEN PAID. SUBJECT TO THE CIVIL PROCEEDINGS PROVIDED FOR IN I.C. 5-11-6-3.

_____
NETWORK ID
IU is required by federal law to report non-overnight per diem payments to the Internal Revenue Service.

ACCOUNT TO BE CHARGED: _ _ - _ _ _ - _ _ OBJECT CODE: _____

SUB-OBJECT CODE: _____

SUB-ACCOUNT: _____

_____
APPLICANT SIGNATURE

_____ PREPARER'S PHONE: _____
FISCAL OFFICER