

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 _____ <i>(Total Mileage)</i>
PERSONAL AUTO	()	BLOOMINGTON ()	INDIANAPOLIS ()	
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.

ACCOUNT TO BE CHARGED: ___ - ___ - ___

OBJECT CODE: _____

NETWORK ID

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

SUB-ACCOUNT: _____

SUB-OBJECT CODE: _____

APPLICANT SIGNATURE

PREPARER'S PHONE: _____

FISCAL OFFICER