



**INDIANA UNIVERSITY OUT OF STATE
DEPARTMENT TRAVEL AUTHORIZATION**

TICKET CHARGED TO IU ACCOUNT Yes () No ()

Dept. Code _____ Request # _____ Campus Code _____

If yes, don't send this form to Travel (unless attached to a prepaid registration)

*Keep ORIGINAL of this form - send PHOTOCOPY

Name: _____ Net ID: _____

Department: _____

Campus Address: _____ Campus: _____ Phone: _____

Purpose: _____

Account	Limit	Sub-Account	Object Code	Sub-Obj. Code
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Means of Travel: _____ Destination: _____

Dates of Travel: _____

Has a check request been processed for:

Prepaid Registration ? Amount _____ DV# _____ Date: _____

Additional Notes:

Cost of airline ticket: _____ *All passenger ticket receipts must be
 Name of Conference: _____ turned in with reimbursement request.
 Actual Conference Dates: _____
 Preparer's Name/Phone: _____

SIGNED:(applicant) _____

APPROVED:(account manager) _____

Note: Travel by private auto requires the traveler to carry the following:

1. \$50,000 for personal injury to, or death of, one person
2. \$100,000 for injury to, or death of, more persons in one accident
3. \$25,000 for property damage