INDIANA UNIVERSITY

IN-STATE TRAVEL REIMBURSEMENT

Reset

NAME: _____

DEPT.: Physics

DEPT. CODE: BIOC

ADDRESS: Swain Hall West 117

CAMPUS: BL / Bloomington

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

PERSONAL AUTO ☐
IU CAR ☐
OTHER _____

FROM

BLOOMINGTON ☐
INDIANAPOLIS ☐
_____
_____

TO

INDIANAPOLIS ☐
BLOOMINGTON ☐
_____
_____

MILEAGE RECORD _____ *(Total Mileage)*

CHECK IF ROUND TRIP ☐

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

BEGINNING DATE/TIME:

____/____/____ ____:____ ☐ AM ☐ PM

ENDING DATE/TIME:

____/____/____ ____:____ ☐ 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-OBJECT CODE: _____

SUB-ACCOUNT: _____

_____
APPLICANT SIGNATURE

_____
FISCAL OFFICER

PREPARER'S PHONE: 812-855-1304