

Reimbursement Request Form

Travel or Out-of-Pocket Expenses

Name of Person to be Paid : _____

Business Purpose: _____

(Please do not use Acronyms)

Funds from:

___ RATS ___ Dept ___ IUF _____ Dean's Recruiting

Use this field to designate a specific funding source.

For Hospitality Claims:

***Itemized receipts are required for reimbursement.*

Indicate # attending: (Disregard if claiming travel reimbursement.)

___ Faculty ___ Students ___ Staff ___ IU Guest(s)

For Travel Claims Report:

Departure Date: _____ Time: _____

Return Date: _____ Time: _____

Destination City: _____ State ___ Country _____

Travel Method to Airport: ___ Personal Car ___ Limo ___ Shuttle ___ Passenger

Method of Trip Travel: ___ Personal Car

RTM:	
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 ___ IU Motorpool ___ Air ___ Other

Round Trip Miles

Exception to Policy. (If you are missing a receipt or do not have an original please check the box.)

Provide an Explanation: _____

Would you like to Request Per Diem? _____

Lodging Details: ___ Hotel Receipt ___ Conf. Paid ___ Stayed w/Friend or Relative

Were Meals Provided? _____. **If YES**, specify the date(s) and check which meals were provided.

Month/Day	Breakfast	Lunch	Dinner	Indicate if "Personal Time"

Indiana University operates under the IRS Safe Harbor guidelines for a reasonable period of time to substantiate business expenses and request reimbursement. Travel reimbursements must be requested 120 days or less from the concluding date of the trip. All other out-of-pocket reimbursements must be requested 120 days or less from when the expense was paid/charged. After 120 days reimbursements will be considered income subject to withholding in the case of an employee and appear on their W-2 form. After 365 days no reimbursement will be issued.