

Reimbursement Request Form

Use this form for either Travel or Out-of-Pocket Expenses
Attach original receipts

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"

NOTE: Travelers have 60 days from the return date of their trip in which to submit travel reimbursement claims. Reimbursements submitted after this 60 day period will be considered taxable income. After 120 days from the return date of the trip, there will be no reimbursement. Your reimbursement claim should be submitted as soon as possible to ensure adequate time to process your reimbursement.