INDIANA UNIVERSITY
DEPARTMENT OF CHEMISTRY

Trip ID

Travel Reimbursement Form

Name

Destination

Dates of travel

Departure	Return
Time ◯AM ◯PM Date	Time ◯AM ◯PM Date

Means of Travel

Type of travel to Indy Airport

Account Number Sub

Additional account numbers if applicable
Account Number Sub
Account Number Sub

Personal Time ◯Yes ◯No

Start End

Note: Personal time can not be taken at the beginning **and** end of travel and be submitted for reimbursement. Beginning **or** end is acceptable.

Expense	Amount	Original Receipts	Notes Please use to explain if no receipts are provided or an item other than those listed
		☐ Yes	
		☐ Yes	
		☐ Yes	
		☐ Yes	
		☐ Yes	
		☐ Yes	
		☐ Yes	

Are you requesting per diem? ◯Yes ◯No

Please check the box of any meal provided by the conference or any other source:

	Sun	Mon	Tue	Wed	Thur	Fri	Sat		Sun	Mon	Tue	Wed	Thur	Fri	Sat
Breakfast	☐	☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐
Lunch	☐	☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐
Dinner	☐	☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐

Traveler's Signature _____ Advisor Signature _____

Print Form