

## CMLT Pre-Travel Form

Please submit completed form to Sarah in 642 or at [sashin2@iu.edu](mailto:sashin2@iu.edu) two weeks prior to travel.

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### General Trip Information

**Traveler Name:** \_\_\_\_\_ **Destination:** \_\_\_\_\_

**Departure Date:** \_\_\_\_\_ **Return Date:** \_\_\_\_\_

**Purpose of Travel** (Please provide 1-2 sentences about how this relates to your work at IU):

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**Will this trip include personal time? If yes, list dates:**

☐ No

☐ Yes: \_\_\_\_\_

**Which account will the costs come from?:** \_\_\_\_\_

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### Means of Travel

☐ Air

**Departure Airport:** \_\_\_\_\_

**Destination Airport:** \_\_\_\_\_

**Who will book the flights?**

☐ I will book myself and request reimbursement.

Estimated Airfare: \_\_\_\_\_

☐ Please book for me. My flight preferences are:

\_\_\_\_\_

☐ Personal Vehicle

**Provide addresses to be used for the mileage reimbursement calculation.**

**Departure:**

**Destination:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Other

**Describe:** \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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### Lodging

☐ Hotel/Airbnb

**Who will book the room?** (Note: You must book conference rooms/rates on your own)

☐ I will book myself and request reimbursement.

Estimated Cost: \_\_\_\_\_

☐ Please book for me. My lodging preferences are:

\_\_\_\_\_

☐ No Cost

(Staying with friend/family/colleague)

☐ Other

**Describe:** \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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### Per Diem

**If you wish to claim per diem, provide the location of your *lodging*** (U.S: zip code, International: city, country):

\_\_\_\_\_

**List any meals that are already included in other costs** (hotel breakfasts, conference lunches, etc.):

\_\_\_\_\_

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### Other Costs

**List any other costs you anticipate incurring** (Shuttle, parking, baggage fees, conference registration, taxi fares, etc.):

\_\_\_\_\_ Estimated Cost: \_\_\_\_\_

\_\_\_\_\_ Estimated Cost: \_\_\_\_\_

\_\_\_\_\_ Estimated Cost: \_\_\_\_\_

\_\_\_\_\_ Estimated Cost: \_\_\_\_\_

**Any other notes/concerns:**