

CMLT Pre-Travel Form

Please submit completed form to Sarah in 642 or at sashin2@iu.edu two weeks prior to travel.

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):

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

No

Yes: _____

Which account will the costs come from?: _____

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: _____

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: _____

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.):

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: