



# INDIANA UNIVERSITY

## OUT OF STATE DEPARTMENT TRAVEL AUTHORIZATION

\*Keep ORIGINAL of this form – send PHOTOCOPY to Travel Management Services

Dept. Code \_\_\_\_\_ Request # \_\_\_\_\_ Campus Code \_\_\_\_\_

Name \_\_\_\_\_ Net ID \_\_\_\_\_

Department \_\_\_\_\_

Campus Address \_\_\_\_\_ Campus \_\_\_\_\_ Phone \_\_\_\_\_

Purpose (no acronyms) \_\_\_\_\_

Account	Limit	Sub Account	Object Code	Sub-Obj. Code
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Means of Travel to Destination (Check one):**

Personal Car

**Destination** \_\_\_\_\_

Air

Enterprise Campus Rental

**Dates of Travel** \_\_\_\_\_

Other

**Additional Notes:**

Cost of airline ticket \_\_\_\_\_

Name of Conference \_\_\_\_\_

Actual Conference dates \_\_\_\_\_

**SIGNED** (applicant) \_\_\_\_\_

**APPROVED** (fiscal officer) \_\_\_\_\_

**Preparer's Name/Phone #** \_\_\_\_\_

Note: Travel by private auto requires the traveler to carry the following insurance:

1. \$50,000 for personal injury to, or death of, one person
2. \$100,000 for injury to, or death of, more persons in one accident
3. \$25,000 for property damage