IU Jacobs School of Music
2007 - 2008 Travel Committee
Out of State Departmental Travel Authorization

TRAVEL AGENCY USED _____

TICKET CHARGED TO IU ACCOUNT **Yes** _____ **No** _____

MUS / 8TC BL
Dept Code Request # Campus Code

Name: _____ **Net Id** _____
Last First

Department : School of Music /

Campus Address: School of Music / **Campus Phone:** _____

Purpose: _____

Account	Limit	Sub-Account	Object Code	Sub-Obj Account
10.426.02				

Means of Travel: _____ **Destination:** _____
City,State, Country

Dates of Travel: _____

Additional Notes:

Note: Original airline passenger receipts must be turned in with reimbursement request, even if charged through DTA

Cost of Airline Tickets: _____

Name of conference: _____

Actual Conference Dates: _____

Personal Days : _____

Preparer's Name/Phone Deborah Harden / 856-4165

SIGNED: _____
(APPLICANT)

APPROVED: _____
(ACCOUNT MANAGER)

If traveling by private vehicle:
I certify that there is an insurance policy in force which provides at least the following minimum coverage for the automobile used
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

Please return to Debbie @ Music - PB124
no later than 5.31.2008