

INDIANA UNIVERSITY DEPARTMENT OF THEATRE AND DRAMA

Faculty/Staff/Student Travel Information

(to be completed by traveler)

NOTE: Please, fill out the following information completely for each planned trip. Return it to Katie Bowman (A256W), along with Jonathan Michaelsen's authorization email. Attach conference registration information, hotel, car, and preferred airline itineraries, you may have or have already made. Incomplete and "last minute" forms will delay travel arrangements, reduce travel options, and result in increased fares and/or sold-out housing.

Name: _____

Account **NUMBER** you expect to use (Available from Cindi Severance) **PLEASE, DO NOT LEAVE BLANK:** _____

Attached is Jonathan Michaelsen's approval email: Yes _____ No _____

If "No," Jonathan Michaelsen's email **MUST** be forwarded **ASAP** or travel cannot be made, even if it is your own research or startup account.

Departure date & PREFERRED **time** (PLEASE, INCLUDE TIME): _____

Return date & PREFERRED **time** (PLEASE, INCLUDE TIME): _____

Destination city and state: _____

Is any part of the trip for PERSONAL use (Indicate dates): _____

Means of travel (Check all that apply.): Air _____ Personal Car _____ Rental vehicle (Car/Van) _____

If applicable, means of travel to airport: Personal Car _____ Approved Limo _____ Shuttle _____

Will you be claiming per diem? Yes _____ No _____

Purpose of travel (Be as specific as possible -- NO ACRONYMS!): _____

Name of conference/theatre -- NO ACRONYMS!): _____

Have you arranged any travel for yourself? Please, itemize and list amount paid: _____

Please, list any preferred flights, hotel, etc. that you may have: _____

