



INDIANA UNIVERSITY
OFFICE OF STUDENT ORGANIZATION ACCOUNTS
Bloomington

ORGANIZATION TRAVEL REQUEST FORM

Please fill out all the information below completely and accurately. If you fail to fill out this form within the time frame, your trip **may not** happen.

Organization/Club: _____

Purpose of trip: _____

Date Leaving
Bloomington
(mm/dd/yy): _____

Time Leaving
Bloomington: _____

Date Returning
to Bloomington: _____

Destination
(City/State): _____

Vehicle: Personal _____
Rented _____ Where: _____

NOTE: If using a personal vehicle, all drivers must complete a Vehicle Acceptance of Responsibility form, show their driver's license and proof of required insurance to the SOA Office, and complete a driver's license check through the Office of Risk Management.

Submitted by: _____

Email: _____

Contact Phone #: _____

Number of People Traveling: _____