



TRAVEL REIMBURSEMENT REQUEST FORM

Admitted Student

Name:

LSAC Account#:

Mailing Address:
(for reimbursement check)

Date(s) of Visit:

Where did you stay?

IU's Admitted Student Day room block - Biddle Hotel (March or April), or Hyatt (April)
Individual Rate (any hotel) - not in IU's room block)
N/A (No overnight or staying with friend/family member/at an AirBnB)

Do you have other expenses to claim? (Please check all that apply.)

Airfare

Mileage

Airport shuttle

Bus

Rideshare/Taxi

If you are requesting mileage reimbursement, please list the address from which you left:

Comments:

Please submit this form along with all applicable receipts* (each showing a balance of \$0.00/balance paid in full) to lawadmis@iu.edu within 72 hours of your visit to IU Law.

Thanks, and we hope you enjoyed your visit with us!

**For more information on which receipts are eligible for reimbursement per central IU's travel policies, please view our guidelines at the [REIMBURSEMENT REQUIREMENTS PAGE](#).*