

TRAVELER INFORMATION						
Name		Check one <input type="checkbox"/> Employee <input type="checkbox"/> Guest <input type="checkbox"/> Student	EMP ID#	Phone #		
HOME ADDRESS			EMAIL			
Departure Date and Time:		Departure Date and Time:				
Destination (if multiple , please include all travel destinations)						
Business Purpose of Trip: (please include a complete description and provide the following support documentation)						
<input type="checkbox"/> Conference: A copy of the conference registration and agenda.		<input type="checkbox"/> Research: A detailed description of the research conducted and work dates.				
<input type="checkbox"/> Invited Speaker: A copy of the letter of invitation.		<input type="checkbox"/> Other: Please describe the business activity for each day reimbursement is requested.				
Funding Source: <input type="checkbox"/> UNIV <input type="checkbox"/> OSURF		ORG	FUND	PROJECT	PROGRAM	USER DEF
Will you be receiving financial support from a third party for this travel?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, what expenses will be paid by third party? Please mark all that apply.		
Airfare <input type="checkbox"/> Lodging <input type="checkbox"/> Meals <input type="checkbox"/>		Other <input type="checkbox"/> Describe: _____				
WILL VACATION TIME BE USED IN CONJUNCTION WITH TRAVEL: YES <input type="checkbox"/> NO <input type="checkbox"/> (IF YES, COMPLETE THE FOLLOWING SECTION BELOW).						
Dates: (Please distinguish business travel dates from vacation/personal dates). _____ NOTE: Travel expenses, such as lodging, rental car, airport parking, etc. will be pro-rated based on the provided dates.						
<input type="checkbox"/> A cost comparison has been provided for airfare showing the cost variances due to the addition of vacation/personal days.						
WILL YOU BE USING A PERSONAL VEHICLE FOR OUT-OF-STATE TRAVEL? YES <input type="checkbox"/> NO <input type="checkbox"/> (IF YES, COMPLETE THE SECTION BELOW).						
<input type="checkbox"/> A cost comparison has been provided showing the cost savings of driving versus flying. The comparison should include total mileage, additional lodging, per diem, parking and gas.						
WILL YOU REQUEST PRE-PAYMENT OF ANY TRAVEL EXPENSES? YES <input type="checkbox"/> NO <input type="checkbox"/> (IF YES, COMPLETE THE SECTION BELOW AND ATTACH ADDITIONAL DOCUMENTATION)						
Please mark all that apply: Hotel <input type="checkbox"/> Airfare <input type="checkbox"/> Registration <input type="checkbox"/> Car Rental <input type="checkbox"/> Cash Advance <input type="checkbox"/> Amount \$ _____						
REIMBURSABLE EXPENSES (PLEASE MARK ALL THAT APPLY AND INCLUDE ESTIMATED AMOUNT)						
<input type="checkbox"/> Airfare \$ _____ <input type="checkbox"/> Registration \$ _____ <input type="checkbox"/> Lodging \$ _____ <input type="checkbox"/> Rental Car \$ _____ <input type="checkbox"/> Meals \$ _____						
Misc. Expense: <input type="checkbox"/> Taxi \$ _____ <input type="checkbox"/> Internet \$ _____ <input type="checkbox"/> Parking \$ _____ <input type="checkbox"/> Other \$ _____						
Total Estimated Cost of Trip: \$ _____						



ADDITIONAL COMMENTS (PRE-TRAVEL):

APPROVAL

I certify that the business travel requested is actual and reasonable and that all expenses incurred and requested for reimbursement are for a valid OSU business purpose in accordance with University Policies.

Signature
(Traveler)

Date

Signature
(Department)

Date

POST TRIP INFORMATION (MULTIPLE LINES HAVE BEEN PROVIDED FOR MULTIPLE DESTINATIONS)

Departure Date and Time:

Return Date and Time:

Destination:

Departure Date and Time:

Return Date and Time:

Destination:

REIMBURSABLE EXPENSES (DOCUMENTATION REQUIRED)

Airfare (an itemized receipt showing method of payment and flight itinerary) \$ _____

Lodging/Hotel (an itemized receipt showing method of payment or how the transaction was settled, ie. Credit card, cash) \$ _____

Registration (an itemized receipt and conference itinerary) \$ _____

Car Rental (an itemized receipt and rental contract. For non-university contract vendors, LDW and CDW must be purchased) \$ _____

Mileage (map printed showing the miles driven, or beginning and ending odometer readings) # of miles driven _____ x \$.555 = _____

MISCELLANEOUS EXPENSES (ITEMIZED RECEIPT REQUIRED IF OVER \$50)

MEALS (CHECK ONE) PER DIEM ACTUAL EXPENSE*

Expense Type	Date	Amount	Business Purpose	DATE	BREAKFAST	LUNCH	DINNER

ADDITIONAL COMMENTS (POST TRIP):

TOTAL AMOUNT REQUESTED FOR REIMBURSEMENT \$ _____

* Actual meal expenses are reimbursable up to per diem allowance for the destination. Itemized receipts are not required, however please indicate the meal as noted above.