

TRAVELER INFORMATION

Name	Check one <input type="checkbox"/> Employee <input type="checkbox"/> Guest <input type="checkbox"/> Student	EMP ID#	Phone #
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HOME ADDRESS **EMAIL**

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Departure Date and Time:		Departure Date and Time:	
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Destination (if multiple , please include all travel destinations)	
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Business Purpose of Trip: (please include a complete description and provide the following support documentation)	
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<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.
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<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.
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Funding Source: <input type="checkbox"/> UNIV <input type="checkbox"/> OSURF	ORG	FUND	PROJECT	PROGRAM	USER DEF
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Will you be receiving financial support from a third party for this travel? YES NO If so, what expenses will be paid by third party? Please mark all that apply.

Airfare Lodging Meals Other Describe: _____

WILL VACATION TIME BE USED IN CONJUNCTION WITH TRAVEL: YES NO (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.

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 NO (IF YES, COMPLETE THE SECTION BELOW).

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 NO (IF YES, COMPLETE THE SECTION BELOW AND ATTACH ADDITIONAL DOCUMENTATION)

Please mark all that apply: Hotel Airfare Registration Car Rental Cash Advance Amount \$ _____

REIMBURSABLE EXPENSES (PLEASE MARK ALL THAT APPLY AND INCLUDE ESTIMATED AMOUNT)

Airfare \$ _____ Registration \$ _____ Lodging \$ _____ Rental Car \$ _____ Meals \$ _____
 Misc Expense: Taxi \$ _____ Internet \$ _____ Parking \$ _____ Other \$ _____

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) <input type="checkbox"/> PER DIEM <input type="checkbox"/> 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 m as noted above.