



**THE OHIO STATE UNIVERSITY
TRAVEL REQUEST FORM**

Travel Office Only	
Processed by: _____	T# _____

GENERAL INFORMATION – All information is required. **PLEASE PRINT CLEARLY!** Blanket Order (in-state mileage only)

ORG Number 14350 Department Name Computer Science & Engineering

ORG Contact Phone 2-0767 ORG Contact Lorie Graci

ORG Mailing Address: Rm/Bldg 395 DL Street 2015 Neil Avenue

City/State/Zip Columbus, OH 43210

Traveler Name: Last _____ First _____

Affiliation: Faculty/Staff/Student Employee OSU ID # _____ (refer to check stub)

Student – not supported SS # _____

Non-University SS # _____

Departure _____, _____ Destination(s) _____
City State Country

Depart Date/Time _____ am/pm _____, _____

Return Date/Time _____ am/pm _____, _____

Purpose of Trip _____

TOTAL ESTIMATED COST OF TRIP – All estimated expenses regardless of payment (PCard, Travel Office Prepayment and/or personal funds)

Transportation \$ _____ Car Rental \$ _____ Personal Auto Mileage _____ @ _____ ¢/mile

Meals \$ _____ Lodging \$ _____ Other \$ _____ **Total Estimated Cost** \$ _____

Chartfield Information: All prepayments listed above will be paid using the first line of ChartField only.

ORG	Fund	Account	User Defined	Program	University Project	Estimated Amount	Maximum Amount
<u>14350</u>	_____	_____	_____	_____	_____	\$ _____	\$ _____
<u>14350</u>	_____	_____	_____	_____	_____	\$ _____	\$ _____
<u>14350</u>	_____	_____	_____	_____	_____	\$ _____	\$ _____
TOTAL ESTIMATED COST						\$ _____	

Travel Office Prepayment Request - Prepayments to be processed by Travel Office; do not include PCard, or other payments.

1. Prepaid Transportation

\$ _____ Travel services via University Designated Agency: _____

\$ _____ Rental Vehicle via University Motor Pool: **Transportation and Parking Services only**

2. Prepaid Registration Fees – Registration forms to accompany mailed checks must be faxed to the Travel Office with this form.

\$ _____ Payee Name (check issued to): _____

Payee Mailing Address: _____

Mail check directly to the conference _____

Hold check for pick-up by Org contact listed above _____

AUTHORIZATION – Department authorization required. Additional authorized required at time of reimbursement.

Traveler Signature X _____ Date _____

Email Address _____ **PLEASE PRINT!!!!**

PI Signature X _____ Date _____

ORG Authorizer (printed) X _____ Phone _____

ORG Authorizer Signature X _____ Date _____



**THE OHIO STATE UNIVERSITY
TRAVEL REIMBURSEMENT FORM**

"T" Number

REIMBURSABLE EXPENSES – All amounts in US \$\$ only. Attach documentation for exchange rate used. Submit for reimbursement within 60 days of travel.

Transportation	Reimbursement Amount	PCard Purchase
Airline Airline: _____	\$ _____	\$ _____
Rental Car Agency: _____	\$ _____	\$ _____
Personal Vehicle _____ whole miles @\$0.____ per mile =	\$ _____	NOT APPLICABLE
Alternate Mode Rail & ferry only. Taxis & shuttles in <i>Other</i>	\$ _____	\$ _____
Conference Registration	\$ _____	\$ _____
Hotel Itemize expenses below.	\$ _____	\$ _____
Per Diem Depart: _____ am/pm Return: _____ am/pm	\$ _____	NOT APPLICABLE
Other: Itemize expenses below.	\$ _____	\$ _____
TOTAL EXPENSES	\$ _____	\$ _____

Lodging and Meal Itemization –Lodging costs to include *ONLY* nightly rate and taxes. Attach all original, itemized hotel receipts. Attach additional sheets if hotel stay exceeds six nights.

Date	Location (city, state or country)	Total Lodging per Night Reimbursement	PCard	Per Diem (not to exceed Federal City Rate)
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
Enter Totals		\$	\$	\$

Other (taxi/shuttle, rental car gasoline, business meals, internet charges, phone charges, postage, travel visa, etc.) – Attach all original receipts for required items as listed in Travel Policies. Attach additional sheets if needed.

Date	Location (city, state or country)	Description	Reimbursement Amount	PCard
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
Enter Totals			\$	\$

EXCEPTION REQUEST -- To be completed by Dean or Vice President

An exception to an OSU Travel or Expenditure policy is requested on behalf of this traveler. This exception has been logged at the college level, and any additional documentation with regard to the exception is attached (ex. Photocopies, traveler or department correspondence, etc.) The reason for this exception request is as follows:

- A "T" number was not issued prior to departure (excluding mileage only).
- Reimbursement was not requested within 90 days of the trip.

Signature X _____ Date _____
 Printed Name _____ Phone _____